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PLASTIC! Dress "fabric" of the future
See page 7



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OUR COVER

● Party-going in plastic. This cocktail dress, designed by Paco Rabanne, of Paris, is made of plastic discs threaded together with beads and wire. The "armlet" is a matching loop of discs. Picture by Alec Murray. For more about the Paris plastic clothes see page 7.

The Weekly Round

WE really took over Sydney's Central Railway Station when we went there with six young models to photograph our singlet fashions (page 59).

The stationmaster vacated his office for our change-room; a platform guard let us borrow his cap; guards and porters kindly posed for us, and a friendly engine-driver even moved his train back and forth.

It was "smoko" time for the many workers who gathered to watch staff photographer Ron Berg posing the girls on engines, trains, buffers, scaffolding, baggage trolleys, and even the tracks.

When Ron told one guard that the fashions were "just

men's singlets," the guard said, "We thought they looked familiar."

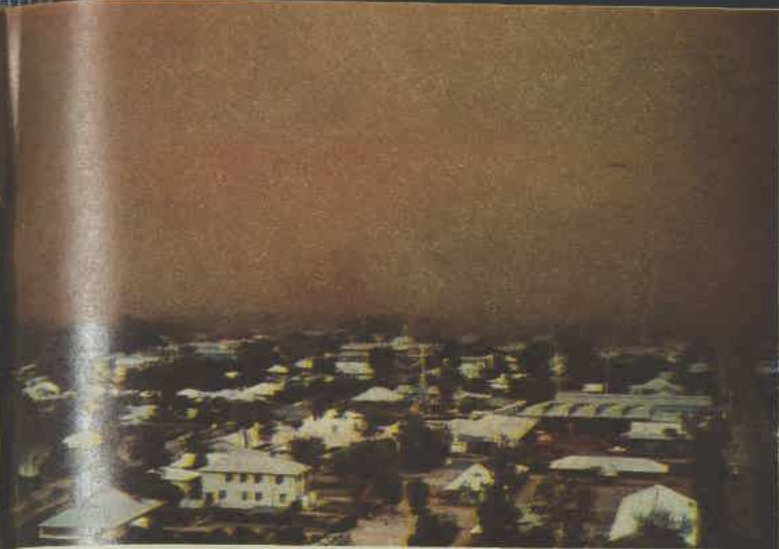
The six models climbed aboard a goods train for a "mad shot," but just as Ron had the camera set up a whistle blew.

The girls just managed to scramble off as the train moved out — to Melbourne!

★ ★ ★
THE Elizabeth Taylor who wrote the short story on page 23 is not Mrs. Richard Burton but "the modern man's Jane Austen," English writer Elizabeth Taylor has been called.

"In the Sun" is from a collection of 12 short stories, "A Dedicated Man," and has Mrs. Taylor's typical irony.

THE AUSTRALIAN WOMEN'S WEEKLY — March 2, 1966



HUGE DUST CLOUD hovers over the town of Alice Springs, casting a typically eerie light over the buildings, during one of last summer's severe dust storms following the long drought.

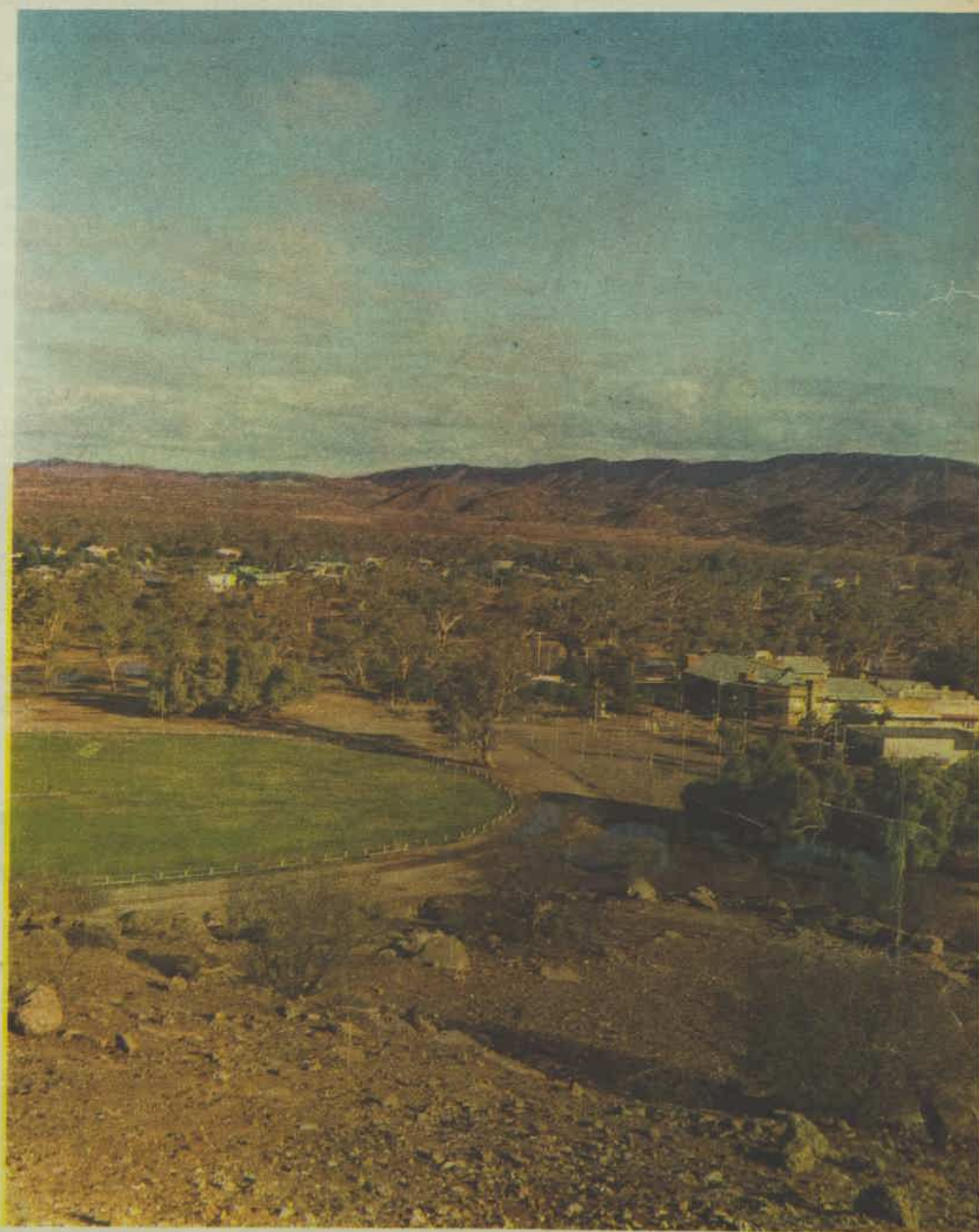


DUST STORM BEGINS. Clouds of dry, choking dust roll in over the MacDonnell Ranges toward Alice Springs. This is the way a dust storm usually comes up near The Alice.

Pictures above by Keith Penniall. Picture below by Pat Wolfe.

When rain fell at The Alice

● After eight years of drought, and a summer with the severest dust storms in living memory, heavy rain fell in Alice Springs. This January rain — more than seven inches of it — was not considered by the graziers to be sufficient to break the drought. But for the people living at the Centre things suddenly looked brighter — and certainly cleaner — after the coating of dust was washed away. The Todd River flowed again, children went swimming, and green leaves appeared. A huge airlift of food from Adelaide helped to overcome the transport difficulties caused by damage to railways and roads, and owners of cattle stations began to consider plans for restocking.



RAINS IN JANUARY cleared the town of Alice Springs, and the surrounding district, of the thick dust left by the succession of dust storms that had marked the summer. The Todd River, which runs through the town (when it runs at all), began to flow, and children went for a swim.

THE EX-WAAAFS

"Starkie" and 15 of "the kids" rehearse for their big reunion in Sydney

By GLORIA NEWTON



"AS YOU WERE" shouts Nancye Doering (above). As Sgt. Nancye Purcell (picture below) she was a WAAAF drill instructor.



"HEY girls, I feel 20 years younger," tiny, grey-haired Glenys Warren called from the end of the line they had formed in Rushcutters Bay Park, N.S.W.

"Remember how we used to call the parade ground 'the sacred acre' during the war? And that nasty little corporal who wouldn't let us brush a fly off our noses?"

And the 15 former Waaafs stood erect, held out their left arms and took their mark before going into their long-forsaken drill practice.

Their voluntary stint was in preparation for March 11, when more than 1500 women will converge on Sydney to celebrate the 25th anniversary of the formation of the Women's Auxiliary Australian Air Force.

(The WAAAF was disbanded in 1947, two years after the war. It was reformed in 1951 and renamed the Women's Royal Australian Air Force.)

Former Waaafs from all over Australia, and from as far away as Italy, India, and Fiji, will meet for three days to renew wartime friendships, to recall with humor the memories of the years when they did their bit for their country, and to ask repeatedly "whatever became of old so-and-so."

Dinner

The highlight of the reunion will be the official dinner in David Jones restaurant on March 12, when the 15 women who were diligently practising in the park will give a five-minute drill routine in the restaurant foyer, before marching in threes to take

the salute from the official table.

Seated there, beaming with pride, will be Mrs. Bill Caldwell, who, as "Starkie," was one of the WAAAF's outstanding wartime personalities.

With her will be Mrs. June Stone, WAAAF Wing president, and Mrs. Gwen Weldon, reunion convener. Miss Clare Stevenson, wartime director of the WAAAF, is overseas, but a message from her will be read to the gathering.

As a reminder of the time when they left their feminine fripperies and frillies at home and stepped into a man's world to do a man's job, heeding the rule "Moderate use of makeup permitted but elaborate hairdressing will not be allowed," the restaurant will be decorated with "bloomers blue, and bloomers drab."

(These bloomers were Air Force issue and were made of thick milanese — something like nylon but much thicker. The Waaafs were given blue for winter wear and drab — khaki — for summer.)

There will also be a bus tour, a harbor cruise, an unofficial welcome to the interstate, country, and overseas visitors — and countless little unofficial get-togethers by friends who have not met for many years.

Redhead

It has taken former Cipher Officer Gwen Weldon and her committee 18 months' hard work to arrange the reunion.

Nancye Doering, ex-sergeant and drill instructor — a tall, attractive redhead — took up her old familiar stance, summoned her voice back to its old strength, and marched her squad around the park.

"Faaall in, right dress, eyes right, eyes front, right turn, quick—wait for it, wait for it—march. Left, right, left, right, lift those shoulders, higher, higher, and no talking in the ranks."

"She always was a tough DI," one woman muttered from the side of her mouth as she stepped out smartly, swinging her arms high in



the traditional Air Force manner.

"If Starkie doesn't let us off this parade ground soon I'm going to collapse," declared another.

The short, stocky woman with the ruffled grey-streaked black hair who stood watching, hands clasped behind her back, allowed the humor to shine from eyes beneath starkly etched brows. "Right, Sergeant," she called, "smile time."

The panting group smiled gratefully to the ground. "Madam," wailed one, "I've gone rusty after all these years."



BETTY CAMERON shows she has not forgotten how to "throw a smart salute." She joined the WAAAF in 1941 (see small picture above) and was commissioned the same year.

"FLIGHT SERGEANT WARREN, you are wearing your husband's shoes!" Beryl Boorn and Nancye Doering inspect ex-Waaafs at drill practice for the big reunion.



MEET AGAIN



"STARKIE"—Mrs. Bill Caldwell—one of the WAAAF's most outstanding war personalities, with a group of her beloved "kids," who, in the well-remembered Air Force "goonskins," practised drill for the WAAAF's 25th anniversary celebrations. Above, a war-time picture of a technical trainee in the WAAAF inspecting a bomber's engine — one of many jobs done.

Starkie regarded her quizzically. "Nonsense," she said. "You'll pick it up in no time. Just need a little practice."

"Wonderful kids, the whole lot of them," she told me. "Very few people realise what the Waaafs gave and took during war service."

"I look back on it now and think it was the most rewarding period of my life, but I'd hate to go through those six years again."

She was Squadron Officer Gwen Stark during the war years. The first woman in N.S.W. to be called up when the WAAAF was formed in 1941, she had been head of the Australian Women's Flying Club.

When the war started she organised the club into squadrons and sent them into Air Force stations to train airmen voluntarily in telegraphy.

Outspoken

One of the prime instigators behind the move to get the WAAAF formed—both Government and Opposition were against the idea at first—she directly administered the largest and most discussed concentration of Waaafs in north Australia.

It was Starkie, always outspoken, and with a direct approach to people and situations, who stood fast against an Air Force ruling that WAAAF officers were to be addressed as Sir. "I was not going to change my sex for my country," she growled.

Her genuine affection for the Waaafs—she always

referred to them as "the kids"—and her solicitude for their welfare earned for her the respect of every man and woman in the Air Force.

Tin huts

When Mr. McEwen, then Minister for Air, announced the formation of the WAAAF in 1941, he said its number would be limited to 250.

"At the end of the war it was well over 18,000," said Starkie.

"At first women were enrolled only as telegraphists and teletype operators, mess stewards, and cooks, but as we grew in strength we reached 68 different mustering, including mechanics, riggers, plotters, armorers, meteorological assistants, electricians, and transport drivers.

"Waaafs did just about everything but fly those planes.

"And it was these girls, some living in tin huts, working under extreme heat in summer and extreme cold in winter, who were responsible for the release of hundreds of men for vital work in the Air Force.

"I've seen them move into some pretty desolate places and, in a few weeks, have gardens blooming," Starkie continued.

"We didn't get much help in the beginning. I remember I was sent with a detachment of girls to Robertson (N.S.W.), our first experience of barracks. There was no water, no lights, and no toilets.

"We dug trenches for the toilets, cajoled and pleaded for the lights and water, and I went out into the road and pulled up a bulldozer to come and level out a parade ground.

"The fog was so bad there that when the girls paraded on the ground I'd have to guess where they were to return their salute!

"But we survived all that and a lot of other postings which were just as bad. It takes a lot to kill a young woman's spirit, and the kids had plenty of that."

Soccer ball

The squad, which had resumed its practice while we were talking, were marching back toward us. Heads erect, arms swinging, and even the stray Soccer ball kicked in front of them didn't make them falter.

With them was Betty Cameron, who joined the WAAAF in 1941, was commissioned the same year, and posted to Operations and Intelligence. Now she lives at Turrumurra, N.S.W., with her husband, who is a chartered accountant, and their three children.

Beryl Boorn, former Under-Officer, is still known as Buzz to her friends and

WAR-TIME picture of Squadron Officer Gwen Stark with her famous bicycle on which she travelled many hot and dusty miles "somewhere in the north" in the course of her duties.

lives at Ryde with her husband and 16-year-old daughter.

She was wearing her faded old "goonskins," tightened at the waist.

"We used to get the same issue as the men. Boy, were they baggy," she said laughingly.

"We'd take the belts off and sew them into the waists to tighten them and make them more feminine."

Diminutive Glenys Warren, who has a humorous glint in her eyes, was a Flight-Sergeant—"the best rank of all, because you belonged to the Sergeants' Mess," Starkie said, introducing me.

Mrs. Warren lives at Turrumurra, N.S.W., with her husband and four children, and works as a part-time secretary. ("I like to keep busy.")

Rookies

Nancye Doering, former sergeant, married an ex-commando after the war and lives at Ryde with their two sons. "Mrs. Boorn and I were rookies together and we still are close friends."

Starkie herself married Bill Caldwell, whom she met in Scotland after the war. They live at Point Piper, N.S.W., with their daughter Janet. Mr. Caldwell is a stock-investment consultant.

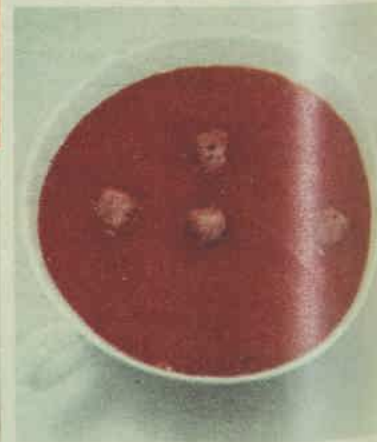
Flying in for the reunion will be Norma Keeling, who lives in Suva, Fiji, with her husband and two children.

"I'm looking forward so much to the reunion and the chance of meeting old friends and talking about the good old times," she wrote to Starkie.

"The satisfaction I got from giving my services to my country more than compensated for any inconvenience, minor hardship, or interruption to my civil life.

"I feel the WAAAF was an essential part of the Australian defence forces and served its purpose admirably. As time goes by I look back on those years with pride."





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CLINK, CLINK

go the plastic Paris dresses

A Paris designer has taken plastics into the future with clinking dresses of multi-colored plastic discs and oblongs. They are meant for St. Tropez and other fashionable resorts where plastic swimsuits, cover-ups, and jewellery are already being worn.



• Very clinky—a plastic short-skirted pinafore with visored helmet.

Designer Rabanne hasn't a sewing machine; he uses pliers and wire

PACO RABANNE, designer of the plastic dresses, has been making plastic accessories for several seasons, but this is his first dress year.

He isn't very serious about his plastic dresses.

"You might get away with them at a casino for fun, but really they are better for

the beach or the terrace," he said.

In his workrooms there are no sewing machines.

Pliers fasten the discs together with metal clips; or round beads are wired to the plastic pieces.

If plastic gets a further grip on the world of fashion, these dresses may well be those of the future.

At present they have a

look of Outer Space. But then so did Courreges' clothes, and they changed the whole fashion outlook.

Paco Rabanne is Courreges' age — 31 — and they both come from the same place in the Basque country.

The plastic dresses may have a great future.

They neither crush nor crease. They need no laundering, drycleaning, or pressing.

What Rabanne has to cut out is their noise.

Since they are made of very thin pieces of plastic

By
ANNE MATHESON,
of our London staff

like card counters, they rattle and clink away like medieval chain mail. This is what they sound like as they're slipped on and off.

They are worn over only pants and bra if they are cocktail dresses, but the skirts with strap tops can be worn over warm sweaters.

The long and more elegant dresses have slips beneath.

Plastic hair trims, snoods, earrings, bangles, and all the accessories are already in the London stores.

M. Rabanne's head is full of ideas, his cabinets chockablock with sunglasses, embroideries, accessories. He is just waiting for the first shock of plastic to be absorbed to launch a new lot.

FOOTNOTE:

BIG item in the Paris showings was Roger Vivier's plastic shoe, launched by St. Laurent.

Vivier sees plastic as the shoe material of the future (he puts air holes along the arch to let the feet "breathe").

Nothing is more flattering, he says, than clear plastic. "It makes the foot look narrower; makes even a big foot look smaller."



• Op Art earring—on one ear only. At right, another Rabanne design, a dramatic evening dress made of mirror-glass strips. The headdress is an echo of ancient Egypt.



NEXT WEEK

• All in an eight-page, easy-to-handle lift-out, 50 ideas for teen doll's clothes and accessories — from undies to slippers, for day and night, for every occasion (even skindiving accessories, a drum majorette's costume), plus patio furniture to make. Each is a reader's idea, winning a \$10 prize.

The Australian WOMEN'S WEEKLY Presents...

50 THINGS TO MAKE FOR TEEN DOLLS

And:

WHICH animal
would you like
(or hate) to be?

★ If you could live a second life in another form, which animal would you like (or hate) to be? An amusing quiz to test your personality.

And:

VOGUE COUTURE PATTERNS

• Sew the newest and smartest autumn - winter fashions from Vogue couture patterns. Designs are by Yves St. Laurent, Laroche, and Molyneux, of Paris; Galitzine, of Italy.



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POLICE GOT TIRED OF RUNNING HIM IN

Vivid memories of poet Henry Lawson in the lean, shabby days of long ago

"I CAN see him so plainly," Pearl Johns said. "He had piercing brown eyes and a jet-black moustache."

"His complexion was sallow, and although he always looked right at you when he was talking you felt he was thinking, thinking, all the time."

"He" was Henry Lawson, Australian bush balladeer and storyteller, and Mrs. Johns' memories of him came out clear as etchings.

Diminutive, vivacious, she moves with astonishing alacrity despite her 78 years — indeed if she were to throw ten of them away no one would dispute it.

Seated in the living-room of her neat home at French's Forest, N.S.W., she painted a vivid picture in words of the man she knew more than 50 years ago.

She spoke of the days in Sydney at McMahon's Point when her husband's general store — owned for 30 years by his father before him — stood in Blues Point Road "in the middle of gum trees and paddocks."

"Everyone knew everyone then," she told me.

Hard-up

"Everyone knew Mr. Lawson. He boarded in a house in William Street, not far from our store, and he came in to see us nearly every day."

"When I met him in 1908, just after I was married, he must have been in his early forties."

(Henry Lawson, who was born in 1867 and died in 1922, would have been 42 when Mrs. Johns met him.)

"He was always shabbily dressed. He wore the same old battered hat all the time we knew him. And money, he was always short of that."

"Look," she said as she slipped to her feet. "This is how he used to behave."

Up and down the carpet she paced, her neck thrust forward, her hands clasped behind her back. Suddenly she stopped and extended a finger in my direction.

"Frank," he would say, 'I'm trying to think of a word. Lend me your dictionary for a minute.'

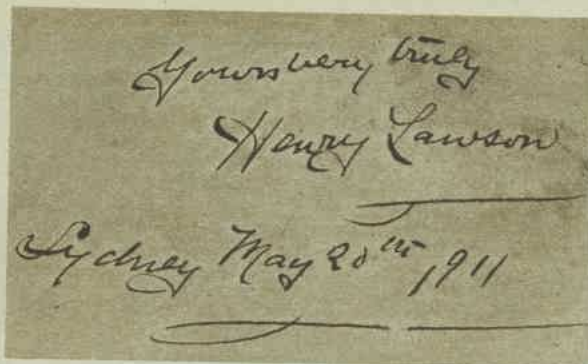
"Then, after a while, he would hand the dictionary back and say, 'Thanks, I'm going home to write my story now.'"

Mrs. Johns stepped out of Lawson's character and sat beside me again on the sofa, looking at me with her expressive eyes.

"You know, of course, he drank too much," she said softly.

"Many's the time he would come racing into the shop to hide from the police. They used to pick him up

By GLORIA NEWTON



PEARL JOHNS holds her treasured autographed copy of Henry Lawson's book of verses, "When I Was King." Above, his inscription on the book which he gave Mrs. Johns and her husband, Frank, in 1911. Mr. Johns had a store in Sydney at McMahon's Point, then mostly "paddocks and gum trees."

and put him in a home and he hated that.

"He usually had a bottle of beer wrapped in paper under his arm and he would put it on the counter while he peered out the door to see if they were around."

"One day he told us the police wouldn't worry him any more."

"They got tired of running me in," he said. "They know me now, so they let me crawl home the best way I can."

"The poor man — he wanted to stop drinking, but he just couldn't."

Then Mrs. Johns' eyes twinkled. "He certainly knew the feel of a bottle of beer."

"Once he came in with his usual paper parcel and put it on the counter while he looked out to see who was in the street."

"For a joke my husband whipped it out of sight and

One day Lawson stormed into the Johns' store and told them he was going to write a story about his landlady and the trouble caused by her thrift.

He had spent the whole morning repairing a fowl-house for her and when he had finished he had a good pile of chips left from the timber.

many people in this world would leave the plug out?"

Mrs. Johns leaned back on the sofa and laughed at the memory.

"Everything that happened sent Mr. Lawson off to write a poem or a story," she said.

"Why, I can remember one poem came from the sight of two children sitting in a billy-cart, another one pull-

*Some will say that for your troubles you can only thank yourself;
Some will swear you'll die a beggar, but you only laugh at that
While your garments hang together and you wear a decent hat;
You may laugh at their predictions while your soles are wearing through—
But a man's an awful coward when his pants are going, too!*

From "When Your Pants Begin To Go," by Lawson, pictured left in unwonted dignity.



"Now you both know how mean she is with chips for a bath," Lawson told the Johns. "So I gathered all these lovely chips up and thought I'd fix myself a nice Turkish bath."

"Well, I got a piece of canvas, cut a hole for my head, laid it over the bath, and laddled all those chips into the heater."

"Then I put some books beside the bath, made a cup of nice steaming coffee, and put that on top of the books. I was going to have a wonderful time."

"When the fire died down I turned off the tap and put my hand under the canvas to test that lovely hot water."

"And do you know what happened, Frank? How

ing it in front and one pushing from behind."

Mrs. Johns said she and her husband could never understand why Henry Lawson was always so short of money.

"He always complained that he didn't get the money he should have," she said. "But in those days you weren't paid as much for writing books as you are today. My husband was forever giving him money. Sometimes it was only a penny, at other times sixpence or a shilling."

"He would come striding in the door and say, 'Frank, let's have a brownie? I've got twopence and I need my fare for the ferry ride to the city to see my publishers.'"

"Or he would say, 'Frank, I've got 2½d and if I had another halfpenny I could buy myself a beer.'"

"And wouldn't his eyes light up when my husband gave him a shilling! That was a lot of money to Mr. Lawson."

At one time Mrs. Johns had an impressive collection

look at the curlicues on the Ys."

It was a sturdy grey cloth-covered volume of poems, its binding slightly tattered, its pages yellowing. In it was a collection of Lawson's verses grouped together under the title of "When I Was King."

Mrs. Johns and her husband said goodbye to their friend Henry Lawson just before World War I, when they sold the store and bought a dairy and pig farm near Wyong.

"Know anything about farming?" she said. "We didn't know any more about that farm than it knew about us. But we learnt by reading and listening to the other cockies."

Mr. Johns died in 1927 and Mrs. Johns returned with her three children to Sydney.

She now lives not far from her married daughter and, a grandmother of five, is always busy.

"Old people can't sit round and expect the young ones to look after them today," she said. "Life is too fast for that. Anyway, you're better off up and doing things for yourself."

Besides "up and doing," she makes delightful toys for the Lions and other charities.

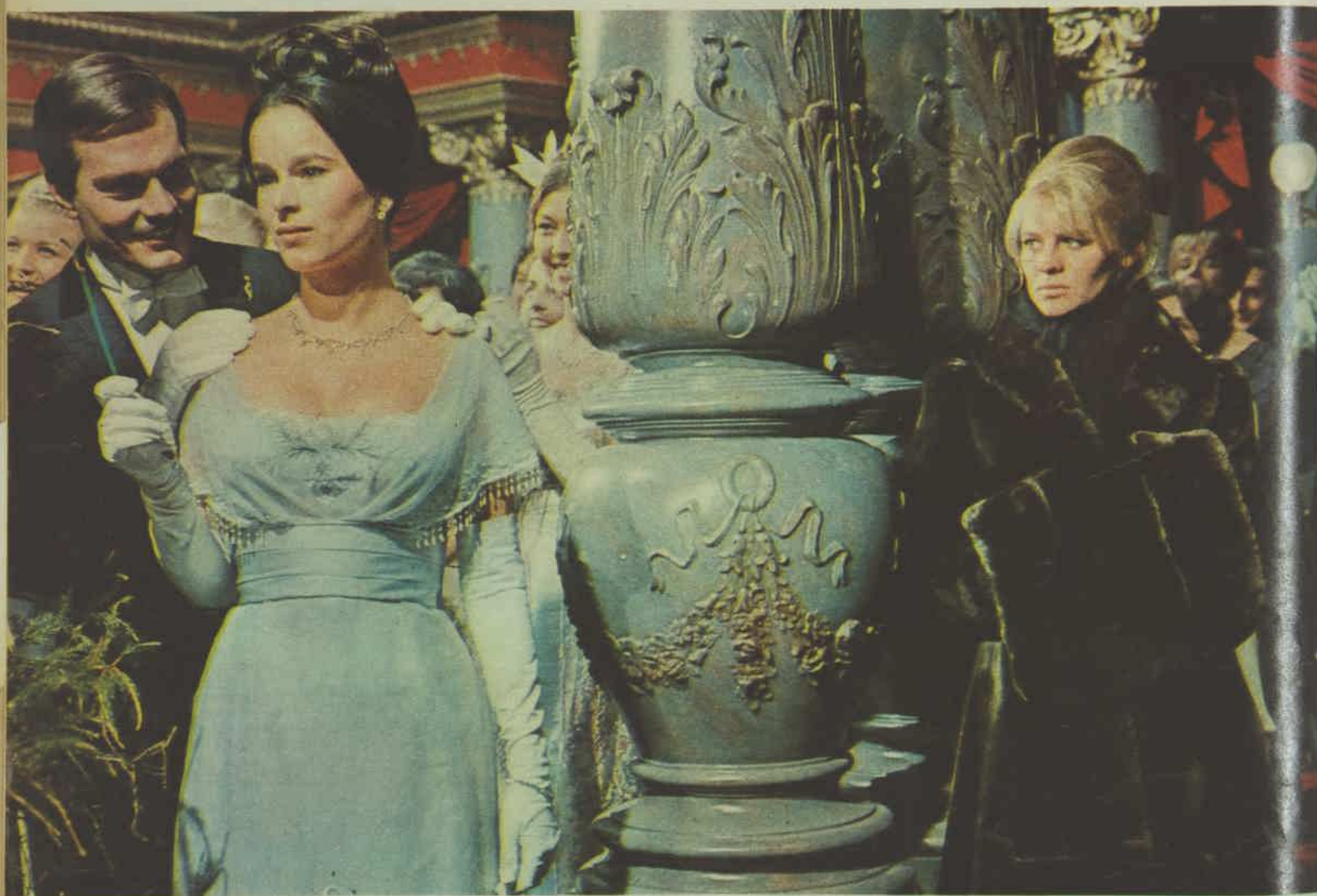
"Talk about speeding today!" she said. "Why, we used to drive so fast down the Spit hill in a horse and buggy that I had to lean right over the side to stop it overturning."

"My, I've had some fun!"



● The stubborn struggle of the human spirit to live and love amid the chaos of the Russian Revolution and in defiance of doctrines is the theme of Metro-Goldwyn-Mayer's costly film epic "Doctor Zhivago." The poet Boris Pasternak, who wrote the novel, had it smuggled out of Russia for publication, and afterwards was awarded the Nobel Peace Prize for Literature, which he was forced to reject. David Lean ("Bridge On the River Kwai," "Lawrence of Arabia") made the film in Spain and Finland. The stars are the handsome Egyptian Omar Sharif, the now widely celebrated young English actress Julie Christie, Charles and Oona Chaplin's daughter Geraldine, Alec Guinness, Ralph Richardson, and Rod Steiger.

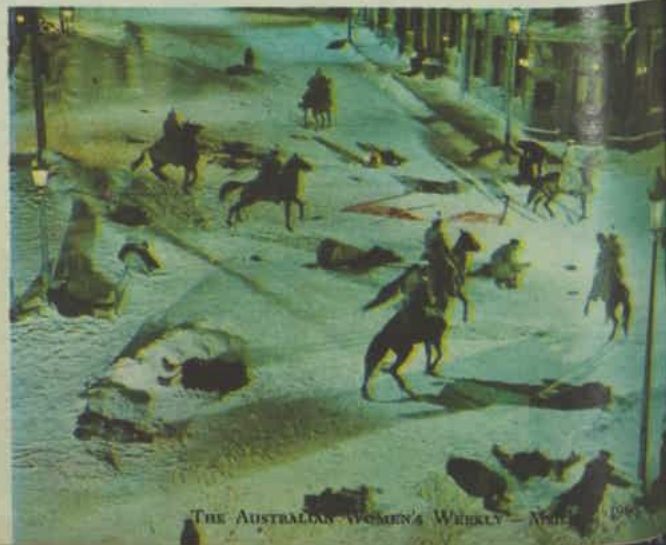
"DOCTOR



IN PRE-WAR RUSSIA, Yuri Zhivago (Omar Sharif) is at a Christmas party with his fiancée, Tonya (Geraldine Chaplin), when a stranger, Lara, arrives with the intention of shooting a lawyer who seduced her.



AT LEFT: Lara and her seducer, Komarovskiy (Rod Steiger), in an earlier scene. After the Revolution the lawyer works with the Bolsheviks.



AT RIGHT: Dragoons charge demonstrators. Entire Moscow street sets were created on a site near Madrid.

A new "Gone With the Wind"?

ZHIVAGO"

AT RIGHT: Zhivago and Lara, in love, find a momentary haven from war. M.G.M. is describing the film as its "great successor to 'Gone With the Wind'."



RED PARTISANS charge into battle across a frozen river. Some of the Civil War scenes were photographed in Finland, at times within sight of the Russian border on the forest-covered plains which stretch almost to the Arctic Circle.



AT LEFT: Country estate at Varykino, in the Ural Mountains, where Zhivago's family are sheltering.

THE AUSTRALIAN WOMEN'S WEEKLY - March 2, 1966

AT RIGHT: Love grows quietly between Zhivago and Lara in the brutal setting of war and an improvised hospital. They refuse to join the political zealots.





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matters. So that was one big worry off my mind and I was so pleased I decided to go abroad for a long delayed holiday. As I knew by this time that Perpetual were so completely capable and reliable, I had no hesitation in giving them a Power of Attorney to handle everything for me down to the last little detail while I was away.

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SOCIAL ROUNDABOUT

By Mollie Lyons

AMONG the many lucky people leaving for overseas during the next few months is Dianne Klippel, who is meeting Sydney girls Caroline and Susan Adams in Switzerland around March 21.

Caroline and Susan (who have been skiing) and Dianne will then continue on an extensive tour of Europe.

Dianne's trip over will include a day's stopover in Bangkok and a four-day stay with the German Ambassador in Tehran, Dr. Franz Joseph Bach, and Mrs. Bach at the Embassy.

And when she is in Munich during her European tour she will pass on family gossip to their daughter, Ingeborg.

★ ★ ★
ALSO off this week is Daniel Thomas, whose first port of call is New York, where he plans to look up old friends Clem Meadmore, the sculptor, and Julia McFarlane (who, he tells me, is doing very well in interior designing). Daniel's nine months abroad under the Winston Churchill Memorial Trust Fellowship he was awarded will take in visits to the great museums of Russia, England, and Scandinavia.

★ ★ ★
AND, speaking of exciting places abroad, in my mailbag this week came an invitation bearing the names of great cities like Rome, Paris, and New York, from which will come the clothes to be shown at the international fashion parade at the Chevron Hilton Hotel on March 11. The sub-committee of The King George V Appeals Committee which is arranging it includes Mrs. Malcolm Coppleson, Mrs. Diana von Kohorn, Mrs. John Henderson, and Mrs. Ian Platt Hepworth.

★ ★ ★
DATE for your diary... March 4 at the Trocadero when the Old Knox Grammarians hold their annual ball. A feature of the night will be the school pipe-band in full kilt regalia, which will play in the foyer as guests arrive and then give a demonstration of counter-marching during supper.

★ ★ ★
I BELIEVE there is a round of pre-wedding parties in progress just now for pretty Jenny Askew, who weds country boy Peter Moses at Shore Chapel on March 16. On March 4 one of her four attendants, Prue Osborne, and her mother, Mrs. Stephen Hewlett, will entertain at a kitchen tea at their home at Double Bay, and on March 12 a second attendant, Mrs. David Uther, and Mrs. Gilbert Pratten are having a party at Mrs. Pratten's home at Pymble (Jenny's other attendants are Mrs. Philip Alker and Virginia Catts). After the ceremony her stepfather and mother, Mr. and Mrs. Vic Noble, will entertain at a reception at their home at Wahroonga. Peter is the son of Mr. and Mrs. Frederick Moses, of "Valais," Willow Tree.

★ ★ ★
ONE of the season's prettiest weddings should be that of Kerry Henderson, who weds Trevor Spry at St. Martin's, Killara, on April 29. Her two sisters, Robin and Sally, Jane Creighton, and Wendy Rowe will be bridesmaids. After the reception, to be given for 160 guests at Elanora Country Club by her parents, Mr. and Mrs. John Henderson, Kerry and Trevor will leave for a honeymoon on an island "some where in the Pacific."

★ ★ ★
THE Sunday evening cocktail party Mr. and Mrs. Ashley Bence are arranging for February 27 is a combined welcome-home party for Mrs. Robert Mansfield (who has been in America for three months) and an opportunity for them to introduce American visitor Mrs. Pat Maynard, of Long Island, to their friends.

★ ★ ★
I WAS one of the many passers-by in Castlereagh Street who turned to admire the figure cut by Mrs. Harry Seidler in a slim-fitting red-patterned navy dress and a dashing black matador hat complete with cord under the chin.

★ ★ ★
HEAR from Mrs. D. Norman Larkin that her daughter Margaret announced her engagement in London although her fiancé, Tony Gall, was in Los Angeles at the time. Tony has been working there and Margaret and he fixed the November date for the wedding by telephone. Tony, the son of Mr. and Mrs. Vernon Gall, of Coomamble, will return in June and Margaret will arrive home in August to make wedding plans.

★ ★ ★
MARCH 5—the date of her parents' 28th wedding anniversary—has been chosen by Narelle Galton for her marriage at St. Andrew's Church, Roseville, with Peter Blundell. Narelle, who is the second daughter of Mr. and Mrs. N. W. Galton, of Roseville, has chosen a pink and white theme. Her attendants—her sister, Mrs. Robert Champion, Jan Langford, and Penny and Anne Jakobsen—will wear pink gowns, and to her white gown Narelle will pin an heirloom diamond brooch which belonged to her grandmother.

★ ★ ★
HAD a call from Bob de Lasala (who is such a hard worker for the new Skiers Club) to tell me about the first of a series of functions members of the club are arranging before the ski season opens in June. It's to be an Hawaiian Night at the Middle Harbor Yacht Club, and his enthusiastic helpers include Sviti Zlatek, John Sainsbury, Ken Wood, Dave Stewart, and Gail Wood.

JUST WED: Mr. and Mrs. Frank Gaden after their marriage at St. Mark's Church, Darling Point. The bride was formerly Miss Jean Osborne, daughter of Mr. and Mrs. F. E. Osborne, of "Fairford," Muswellbrook. The bridegroom is the son of Mr. and Mrs. W. H. Gaden, of "Whego," Dunedoo. They will make their home at Dunedoo.





ABOVE: The new owner of the Hungry Horse Art Gallery, Mr. Kym Bonython, with Mrs. Nicholas Scheiff at Mr. Bonython's Opening Exhibition of works by well-known Australian artists. They are in front of John Coburn's painting "Emblem."



ABOVE: Mr. and Mrs. William Dowsett leaving St. Mark's Church, Darling Point, with flowergirl, Candy-Lou Ashford, after their marriage. The bride was Miss Josephine Cocks, daughter of Mr. and Mrs. Vincent Cocks, of Merewether, Newcastle. The bridegroom is the son of Mr. and Mrs. W. J. P. Dowsett, of "Bobbingah," Burradoo.



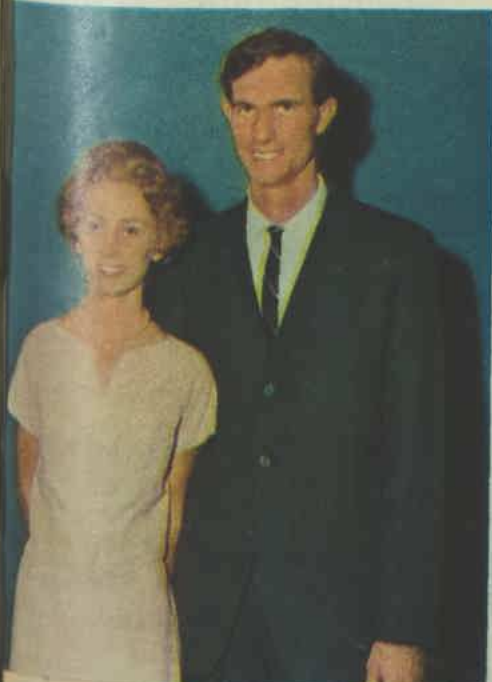
ENGAGED: Miss Margot Montgomery and Mr. Victor Roberts, who have announced their engagement, plan to marry in April. Miss Montgomery, the daughter of Mr. and Mrs. H. J. Montgomery, of Dunedin, New Zealand, is wearing an amethyst and diamond family heirloom engagement ring.



ABOVE: Miss Monica Davidson (left), of Toronto, Canada, pictured with her uncle, Mr. George Moore, president of the First National City Bank, New York, and Mrs. Simon Heath at the reception given in honor of Mr. and Mrs. Moore at Menzies Hotel by Mr. Louis D. Cullings, a Vice-President of the bank and Australian representative, and Mrs. Cullings. Miss Davidson is travelling with Mr. and Mrs. Moore on an extensive world-wide business trip.

AT LEFT: Just engaged, Miss Jeannette Sykes and her fiance, Dr. Ralph Higgins. Miss Sykes is the daughter of Mr. and Mrs. Norman Sykes, of Wollongong. Dr. Higgins is the son of Mr. and Mrs. S. A. Higgins, of "Glenhaven," Coolah.

AT RIGHT: Lady Casey (centre) with the President of the Ladies' Committee of the Australian-American Association, Mrs. F. B. McDonald (left), and the deputy-president, Mrs. Robert Mansfield, at the afternoon reception given by the committee at the Australia Hotel in honor of Lady Casey.



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● Arthur Stewart, Littleton schoolboy, will meet friends here.



● W. C. (Curly) Annabel, Bega newspaper editor who started a friendship that led to exchange visits between residents of Bega and Littleton.



● Harry D. Cole, of Littleton, the 1966 guest delegate to Bega.

At home on two sides of the world

● Although 9000 miles apart, residents of Bega (N.S.W.) and Littleton (Colorado, U.S.A.) have formed a close civic friendship, thanks to the editors of the two home-town newspapers.

"It started back in 1954 when I saw a film called 'Small Town Editor,'" explained W. C. (Curly) Annabel, editor-publisher of the "Bega District News."

"It was about a Mr. Houston Waring, editor and co-publisher of a newspaper in Littleton, and I was so struck by the similarities of our jobs that I decided to write to him."

And so began a still thriving correspondence that has resulted in their meeting three times and in exchange visits between citizens.

Now a party of two official delegates from Littleton and several other citizens of the town, who have worked to maintain the contact with Bega, are coming to visit Australia.

And that, of course, means mainly Bega.

It was in 1960 that Mr. Annabel met his counterpart for the first time when he visited Littleton on his way home from an overseas tour. Later that year editor and Mrs. Waring were honored guests of Bega.

These international neighborly visits continued. In 1961 Mr. Annabel and Miss Dell Chigwidden were invited to Littleton by the citizens there, and several other Bega residents paid their own expenses to go along to the party.

"We've had about a dozen or more visitors from Little-

ton, and nobody from Bega has gone there without receiving the hand of friendship," Curly Annabel said.

"When anyone from Littleton travels, they don't pass through Australia without coming down to Bega!"

Every second year the Bega District Junior Farmers group sends a young farmer to Littleton, and about 30 other Bega citizens have made private visits to their "sister city."

"Sister city"

In 1963 Bega won the United States Municipal Association award for the best sister city. The contest was between "cities of populations under 100,000."

The prizemoney won in this competition is part of Bega's fund to bring out this year's guest delegate, Harry D. Cole, a businessman who is chairman of the Littleton - Bega Exchange Committee.

And Littleton folk have raised money to send out a 4-H Club member, Arthur Stewart, a high-school student who has entertained the Bega boys during their Colorado visits.

The other members of the party, expected to arrive on March 7, will be Dorothy Eccles, Dr. and Mrs. Charles Hewitt and their 14-month-old baby, and United Airlines' Captain Willard Sherman and his wife.

When the international relationship began 12 years ago Bega and Littleton were about the same size.

Now Bega has a population of 3800, and Littleton has jumped from 2500 residents to 35,000.

A plant was established there for building missiles, and droves of scientists and engineers shifted into the town to staff the works.

The communities exchange displays of local products, and when Mr. Annabel represented Bega on the exchange trip to Littleton in 1961, he took along five crates of Australian produce, including two kangaroo coat-and-hat ensembles, and 50 woollen frocks, which were

modelled during Littleton's Bega Week as "High Style from Down Under."

Schoolchildren from the two towns exchange letters, local organisations write to their opposite numbers, doctors write to each other, lapidary clubs correspond, women send their favorite recipes, and the mayors keep in touch.

"If anything happens in one town, the other recognises it," Mr. Annabel said.

"The people in Bega know more about Littleton than they do about any other place, except Sydney."

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Romance and tommy-guns

When the Macklins holidayed in Indonesia they found, under the country's hard political crust, a charming and hospitable people.

FORGET Sukarno and Djakarta. Too many people tend to equate Indonesia with those two names. We found it a marvellous country, its people kind and hospitable, with a particular liking for Australians. We are going back as soon as we can.

By GLORIA
NEWTON

Wendy Macklin, 24, and her 24-year-old journalist husband, Robert, had just returned from a three-week honeymoon trip to Indonesia.

They had travelled hundreds of miles through Java and Bali by bus, car, train, and plane, moving freely on unrestricted tourist visas, meeting and talking with peasants, teachers, artists, waiters, officials, and chiefs.

Still busily settling into their flat at Forrest, Canberra, the charming young couple were happy to talk about their trip.

"We found a land full of culture, beauty, and tradition and a people whose kindness and gentleness is ruffled only by the word Communist," Wendy said. "And once you tell them you are Australian, they can't do enough for you."

And what of the rocky little Indonesian soldier with the tommy-gun made familiar through Press pictures. Did one become used to him?

"After a while you don't even bat an eyelid," laughed Wendy. "Remember, all Indonesians love wearing uniforms and once you get used to being confronted with them everywhere they aren't a bit frightening."

"Any trouble with our passports and we would point at each other and say 'bukan madu,' which means honeymoon, and they would go off into fits of giggles and wave us on."

"Most of the soldiers who accompany the conductors on the trains were so fascinated with my blonde hair and Rob's tallness that they would examine the passports upside down while sneaking looks at us."

It was the Indonesian Ambassador to Australia, Major-General R. A. Kosasih, who persuaded them to honeymoon in his country.

Because Robert was a journalist and banned from visiting any place except Djakarta, the Ambassador ended up by writing out the visas himself.

They became friendly with the Ambassador and his wife when Wendy, a teacher at the Forrest Infants' School, volunteered to coach their three children in English.

"Naturally, I picked up a few words from the children, and when we knew we were going to Indonesia Rob and I did a crash course on the official language, Bahasa," Wendy explained.

"Indonesia, as it is now, has 52 separate languages, so you can see the need for an official one."

They flew to Djakarta, changed their money on the blackmarket, "it's tacitly approved because they are short of foreign currency," and found themselves "almost millionaires."

Hotels, the Macklins found, were extremely cheap, about 10/- a night, and usually they were installed in the suite of one of the old Dutch-built hotels.

Hot water was non-existent and Robert had to become an efficient cistern-fixer, but the warmth of welcome and the willing service

Indonesian Charles Laughton, he was proud of his job and his English.

"I always ordered something exotic just to see what happened, and this night I asked for crepes suzettes."

"Rob and I nearly fell off our chairs when he whisked smartly up to the table with a primus stove and proceeded to pump it up!"

"He got it going and poured the pancake mixture into the pan. Everything was going all right until he added a dash of brandy and, pouf—the whole thing went up in flames."

Wendy said that tourists in Indonesia today were such a rare species that the service they got was startling.

Service

It was common to have 12 waiters looking after their table in the dining-room and, if one of them happened to look up while eating, the lot would be at their elbow to see what they wanted.

Wendy and Robert believe they were the first Australians to visit the centuries-old Trunjan, a village perched on the inside of an active volcano, Mt. Batur, just outside Bali.

It is on the edge of a five-mile-long lake, and on its left are three smoking craters "like enormous car-



CARVED figure from Bali brought home by Wendy and Rob Macklin. Bali, unlike most of Indonesia, was geared for tourists.

trail behind him and sit and listen to every word said.

"I was wearing a white dress with gold braid," said Wendy. "They kept fingering the braid in an excited way. I'm sure they thought it was gold."

"And they all laughed and chatted to each other when Rob, who is left-handed, signed the book. They took it that all Aussies write that way."

and women bathing in clear, sun-dappled pools.

"They have a lovely natural modesty, and the women, who leave their breasts bare in the country, are lissom and captivatingly graceful," Robert said.

In Denpasar Rob joined the ceremonies which surrounded the cremation of the King of Bali, who had died a month earlier.

"It was a magnificent

were followed by villagers and children intrigued by their looks and eager to help them.

Although Beatle music is banned in Indonesia, one young boy in Java kept asking Rob to send him a record-player as he was "sick for a pick-up to play Beatle records."

"The Army play the records," said Robert, "but, of course, in Indonesia the Army seem to be able to do anything they like."

"One gets the impression that the Indonesians are quite au fait with the politics of their country, but outside Djakarta they can be irreverent to the Army. We often heard them chide the soldiers."

"The predominant factor is their hatred of Communists. They are constantly showered with anti-Communist speeches—even our guide used to halt and sound-off to villagers."

"Right throughout Indonesia we found the people humorous, kind, and gentle."

"Yet we stood one day and watched trucks of them coming into a compound to pick up their ration of Communists to take back to their village and kill. They boasted about how many they got and how they intended killing them!"

"Once you tell the Indonesians you are Australian, they can't do enough for you"

vice more than made up for the shortcomings.

"We spent three days in Bandoeng, which the Indonesians like to compare to Paris," Wendy said. "Paris? It's nothing like it, but it is the last city in Indonesia where all the old Dutch buildings haven't crumbled to pieces. Everything in the hotel was 1930-style."

"But the food was good—when I found out how to order 'nasi goreng no chillies please'—and we stumbled on some wines they've had there for years. Once we were given a bottle of 1908 champagne."

"The Bandoeng hotel had a charming old boy as headwaiter. Rather like an

buncles." To get to it they had to climb to the volcano's summit and then walk about two miles into the crater.

"The people there don't bury their dead," said Wendy, wrinkling her nose.

"It's not as bad as it sounds," laughed Robert.

"When anyone dies the body is laid out behind a bamboo cage—to keep the dogs away—and then sprinkled with sulphur soil, which dissolves it. Apparently this takes time, but I can testify to the fact that they don't smell."

The chief came out into the village square to receive his Australian guests, and all the villagers stopped work to

Bali, where they spent ten days, was geared for tourists. Wendy and Rob spent hours in the shops, which were filled with the island's handicrafts, including wood and ivory carvings.

They bought several pieces including a pair of cranes delicately entwined, the long slender figure of one of the ancient goddesses, and a graceful study of a hand.

The cost? "Incredibly cheap," replied Wendy, "about \$2 for each piece. We bargained, of course. Everyone does."

Driving along the roads outside the capital, Denpasar, the Macklins would catch their breath at the beauty of the scenes presented by men

sight," said Robert. "Wendy wouldn't come with me, but I joined the procession that filed past the king's body, which was wrapped in a sheet drenched with spices and lying in a beautifully carved black and gold wooden bull."

"The body was well preserved and gave off a sweet smell of spices."

Followed about

"When everyone had paid his last respects, the back of the bull, which was hinged, was lowered and it was set alight. It burnt for about six hours until it was ashes."

Wherever they went, the small blonde girl and the tall, good-looking young man



Skirt \$13.00
Red top \$8.50 (approx.)



Skirt \$19.50



Skirt \$14.00

They don't give a girl a chance!

I didn't want to get involved in that Sportscraft "Go-Together Game", but I thought, one little red top, why not? Then I tried on the checked skirt and I thought, be sensible, the navy skirt's more me, more "in". Both pure new wool.

I couldn't decide, so I switched, to red, white and blue.

Then I saw it.

Great chunky checks. Darling Sportscraft! Trafalgar squares.

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One warning: the "Go-Together Game" is for serious players.

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Good question!

Sportscraft have a junior collection, too. Little sister discovered it while my back was turned. Co-ordinated in pure new wool, of course.

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COMPACT

One day in 1851 Miss Jane Ross was on the doorstep of her house in Limavady, County Londonderry, Northern Ireland. She stopped for a moment to listen to a strolling fiddler, then wrote his tune down. Nobody knows who the fiddler was, but the tune is still popular. It is the famous "Londonderry Air." Now the house in Limavady's main street, where Miss Ross lived, has been marked by a plaque.

● Four-year-old Michelle Kippin gets a kiss from Chicky. He is completely tame — "More like a budgerigar," says Mrs. Kippin.



Her 'baby' is an orphaned canary

■ When Chicky's mother, a canary owned by Mr. and Mrs. G. C. Kippin, of Melville, W.A., died he was four days old and found a foster-mother—Mrs. Kippin.

"He was the size of a furry caterpillar," said Mrs. Kippin, "and everyone said it would be hopeless to try to rear him. But I made up my mind I was going to."

"Feeding him was the first problem. I didn't know how to get him to open his mouth. So I tapped him on the beak with a saltspoon of food, and when he opened his mouth to protest I popped the food in."

"I used to feed him like this every hour through the day until midnight."

Chicky had no mother to show him how to crack his birdseed so Mrs. Kippin put rolled oats in a vitamiser and mixed it with baby's cereal food and mashed-up egg-yolk and warm water.

"He soon got used to the sight of the saltspoon with food in it," said Mrs. Kippin, "and now we can't use the saltspoon — because he comes flying out of his cage as soon as he sees it and starts to peck at it."

Now two months old, Chicky is ready to leave his unusual nest.

"There is no 'hair on his chest' yet," said Mrs. Kippin, "and the top of his head is bald, but he is growing fast. I think I'll be able to put him out with the other canaries soon."

Perhaps, however, Chicky will find aviary life is "for the birds."

PAST, PRESENT IS IN HER FUCHSIA!

■ "Is that the 'fuchsia lady'?" is a query Mrs. A. S. Bonython, of Piccadilly, South Australia, often hears on the phone.

And there is no more fitting title for this ardent grower and lover of fuchsias. Her beautiful shadehouses shelter 80 named varieties—probably one of the largest private collections in South Australia.

In three years Mr. and Mrs. Bonython have filled the shadehouses with every conceivable color, blending with lush green foliage. Maidenhair fern and ivy leaf trails form backdrops for blooms of all sizes from the tiny Tom Thumb, the flower of which is about 1/4 in. across, to the large Dusky Rose, measuring nearly 4 in. in diameter.

Mr. and Mrs. Bonython live on a 35-acre market garden and they have many visitors and callers — to admire the collection and seek advice on growing. But the more time they have to spend with their fuchsias the happier they are.

"My husband would sooner work in the shadehouse than among his vegetables," Mrs. Bonython said.

* The ordinary pony-tail hairdo is out in America. The "in" thing is the polo pony-tail, bandaged like a polo pony's tail. And there's the mule's-tail, hanging to one side of the head and clipped square at the end.

"The only snag I've found with my hobby is that so many of the women visitors see my shadehouses and then expect their menfolk to build them one."

"Naturally, the men are not always pleased about this!"

SMERSH in Sydney coup

■ Paging Mr. James Bond: SMERSH struck in Sydney with a brilliant C-day assault on decimal conversion.

It's not the dreaded Russian kill agency — but it's still devilishly clever.

Sydney's SMERSH stands for the Society for the Mucking-up of Extra Rates on Sydney Harbor.

It all started when, before February 14, a group of men discussed a C-day fare rise on the City-Hunter's Hill ferry run.

The price of a turnstile token for the trip would go from 1/3 to 13 cents — an increase of .6 of a penny.

Now, for years, many Hunter's Hill ferry travellers have been in the habit of carrying a supply of tokens to avoid lining up at selling windows each trip.

Why not, the men wondered, really gradually stockpile hundreds of tokens — which would still be used after C-day — at the old price?

So, at a suburban pub, SMERSH, Sydney-style, was born.

And it is working very successfully.

Spring, no sting in the bath

□ Guests at the lavish outer-London home of internationally famous cooking specialist Robert Carrier (he visited Australia recently) are both enchanted and alarmed by his bathroom decor. There he grows pots of camellias — and to complete the spring garden atmosphere he has live wasps buzzing round. However, Mr. Carrier considers every detail for the comfort (and safety) of his visitors. The wasps have had their stings removed.

● Erosion which started 10,000 years ago is causing Japan's famous Mt. Fuji to slowly change its summit symmetry. It may be shored up with sprayed concrete.



★ A Sydney tea warehouse's staff have breaks for coffee only.

GIRLS WILL BE BOYS!

★ The girl pictured wears what's "in" in London — for male — and female: Stovepipe pants cut with ease and a natty boy's jacket. The suit comes in tweed. For both sexes the style decrees a boy's shirt and pullover, ankle boots. Girls add an over-the-shoulder bag, dark leather gloves with cut-outs. Boys discard bag and gloves.



□ Eyebrows, the word went out to women, are ripe for the plucking. Ones that follow a heavy line into two bushy arcs are out. In their place are brows curved into smooth and

The old look . . .



shining slivers that follow a natural line. And even royalty can't ignore the commands of

PRINCESS MARGARET SHAPES EYEBROWS

fashion. Princess Margaret's adaptation of the current style: thicker at inner edges, tapering slightly toward ends. The result is a lightening of her features and a wide-eyed look.

. . . and the new



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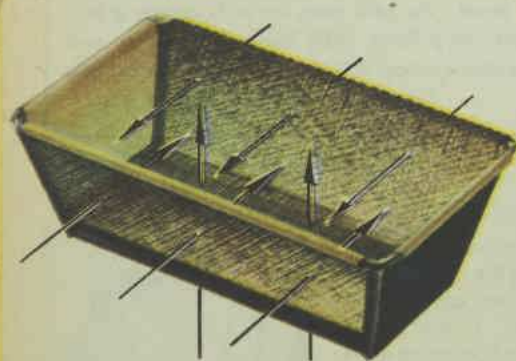
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"Project '66":

An incredible Indian journey

By NAN MUSGROVE

● "Project '66's" coming documentary on India is set against a mystic and emotional time in Indian history.

IMAGINE three Australians with TV cameras caught up in the frightening flow of 6,000,000 mourners converging on India's sacred River Ganges for the immersion of the ashes of the former Prime Minister, Mr. Shastri, and you have the background of TGN9's coming documentary on India.

The documentary, produced by Robert Raymond, is called "India: A Journey to the Ganges," and will be on TGN9 on Saturday, February 26, at 8.30 p.m.

Soon after his return Raymond told me about the journey.

Even in the prosaic surroundings of his North Sydney office, with prints of trout and ancient Irish illuminated manuscripts hanging above the piles of notes and books and film, the story of the journey made prickles run up my spine.

Raymond and his cameraman, Sandor Siro, and sound man Stewart Fist were the only three Westerners on a 15-carriage train which carried the ashes from New Delhi to Allahabad.

The 400-mile journey took 28 hours, and the train stopped at every station and siding on the way to allow mourning Indians to pay their respects.

White carriage

The ashes were carried in a white carriage with big windows. The urn stood in the centre surrounded by fresh flowers. Mrs. Shastri and Shastri's son sat beside it. A group of Indian mourners was also in the carriage chanting Hindu prayers that were broadcast over loudspeakers.

"This journey was one of the most extraordinary experiences I have ever had," Raymond told me.

"At every siding, every station, thousands of Hindus, mostly men, would surge forward and push past the white carriage in homage."

"At one place at midnight, officials estimated that more than 100,000 people, mostly men, passed."

Raymond said he spent a lot of the 28 hours in the white carriage with the urn, watching the throng pass by.

"At Allahabad, one of the two most holy cities on the River Ganges, there was a huge religious festival."



INTERVIEW with Mrs. Indira Gandhi by Robert Raymond (see also inset), recorded by Sandor Siro (camera) and Stewart Fist (sound).

"Millions of pilgrims were there to bathe in the sacred waters, and at the solemn immersion of Shastri's ashes officials calculated there were 6,000,000 people."

"We were in the middle of it all with our gear."

I asked Raymond how he and his companions fared for food during the journey.

"It was a Government train," he said, "and the Government provided the food. Every so often atten-

sad and depressed, and I thought then there might have been some truth in it."

"Before she became Prime Minister she was Minister for Atomic Energy and would have been in contact with Dr. Bhaba a great deal."

"She lives modestly in New Delhi in a bungalow. It is only small. It has a central hallway bisecting the house. I don't think there are more than two bedrooms and two large living-rooms."

"She never seems to have any privacy — there are people everywhere, servants, and lots of those vague, distant relatives that all Indians seem to have around them."

"Her garden, a big one by our standards but small by New Delhi standards, is always full of people, too."

"She is keen on Japanese gardens and has built herself a little one in a corner."

"Every morning throngs of people fill her garden and she walks among them, greeting them, receiving garlands of flowers, meeting distinguished visitors to India who come with Indians from all strata of society who flock to see her."

"It was an amazing sight. After she had greeted everyone she took us to the back garden for the interview."

If Raymond's script for "India: A Journey to the

Ganges" is a quarter as interesting as his conversation about India, it will be one of "Project '66's" outstanding documentaries.

★ ★ ★
"LOVE IS LOVE," a "Seven Days" documentary (ATN7, 9.30 p.m. Tuesdays) about female homosexuals, notched up another triumph for TV journalist Anne Deveson.

Within its very real limitations — those of taboos and censorship — it was a real achievement. Miss Deveson treated the subject of lesbianism objectively, openly, sympathetically.

The documentary lost impact because of the way it had to be filmed. Women were prepared to talk, to be questioned, but were not prepared to show their faces.

This meant that faces were masked by hands, by shadows, or projected as silhouettes, giving "Love is Love" an artificial, unreal quality.

In the narration, Miss Deveson said that homosexuality in women is found in a diversity of backgrounds. I think "Love is Love" would have had more interest if some indication had been given of the social and economic background of the voices and shadowy faces used.

Television

dants would hand round plastic bags of curry and earthenware jars of water."

The journey is the central theme of the documentary.

"We break off here and there to tell how India is changing and is likely to change under the Government of Mrs. Indira Gandhi, India's new Prime Minister."

Raymond is tremendously impressed with Mrs. Gandhi, 48, daughter of former Prime Minister Nehru.

"She is a most interesting woman. She has a rather forbidding appearance: severe, intellectual-looking, with big eyes and a very strong nose, but as soon as she speaks or looks directly at you her whole face sort of melts. She is extremely friendly and approachable."

"I got the feeling that she is very lonely. She has no one close to her. Her husband is dead and her sons are in England."

"There was a story current all over India that she was considering marriage to Dr. Bhaba, India's leading atomic scientist, who was killed in the air crash at Mont Blanc."

"The morning after the crash, Mrs. Gandhi was down at Allahabad for the immersion. She looked extremely

TOMMY HANLON'S

Thought for the week

Momma once said, "I think I know why we're having so much trouble with our teenagers. It's because they are bored. They had too much as children and, therefore, have nothing to look forward to. Oh, I know you're like other parents who perhaps didn't have as much as the other children and therefore said, 'My child is going to have all the comforts and toys that I didn't.' Well, you may not have all the things the other children did, but you didn't turn out too badly, did you?"

MOMMA'S MORAL: Nowadays when a child misbehaves you send him to his room, and what has he got? A TV set, a hi-fi record-player — and a beautiful 18-year-old babysitter.

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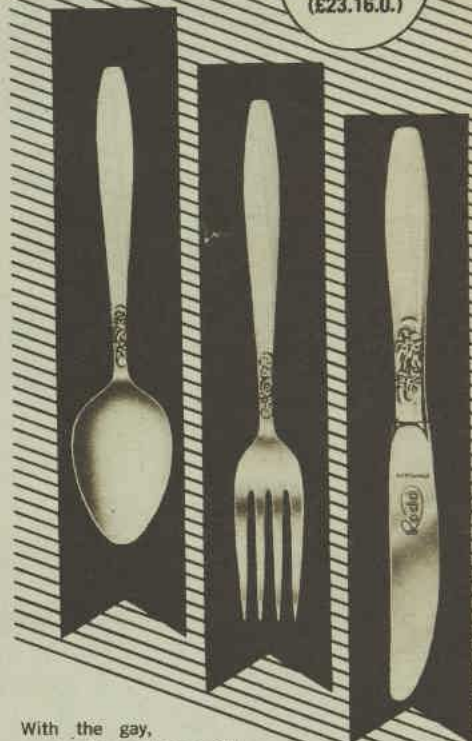
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THE AUSTRALIAN WOMEN'S WEEKLY - March 2, 1966



● Jassy print for the raincoat and hat, above. Coat by Hilary Floyd, hat by James Wedge.



● Dark wool dress, left, has a vest-front with a double-button fastening. Dress is by Gerald M c C a n n.



● Belted coat in herringbone tweed, right, has stand-up military collar. Coat is by Roger Nelson.

YOUNG LOOK— FROM BRITAIN

● These gay young fashions by top young British designers are part of an all-British collection to be paraded in Australia. The designs will be available afterwards in leading stores.

The Australian Women's Weekly, in conjunction with Georges, Melbourne, and David Jones has arranged the tour. Two of the designers, Roger Nelson and Jean Muir, of Jane and Jane, will fly to Australia by BOAC to compere parades.

● Diaphanous chiffon is the material choice for the party dress, below. The sleeveless bodice is low-cut, the skirt has floating fullness. The design is belted high. Dress by Gerald McCann.

● Superbly tailored one-piece cocktail dress, right, has a sleeveless bodice top finished with a plunging decolletage. The dress is trimmed with narrow white piping. Dress by Gerald McCann.



Parade times

MELBOURNE: Georges, March 1-3, 11 a.m., 2.30 p.m.; March 4, 12.15 p.m., 1.15 p.m.

ADELAIDE: David Jones, March 7-9, 12.30 p.m., 1.30 p.m., 2.30 p.m.

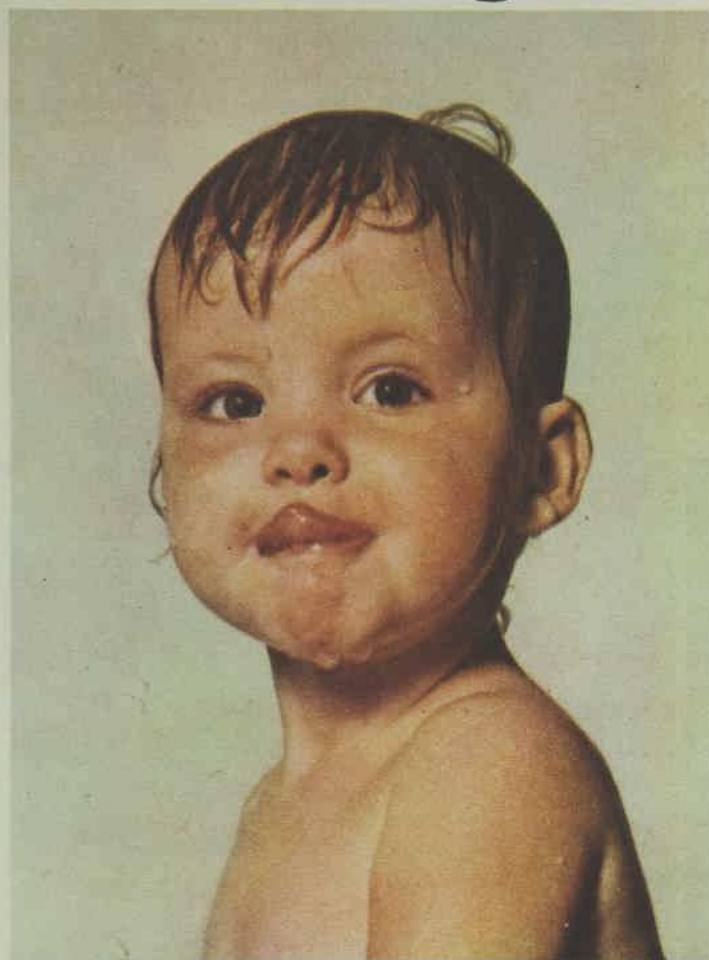
CANBERRA: David Jones, March 11, 12.45 p.m., 1.30 p.m., 7.30 p.m.; March 12, 10 a.m.

SYDNEY: David Jones, March 14, gala parade, 12.30 to 1.30 p.m.; March 15-18, 12.30 p.m., 1.30 p.m., 2.30 p.m.

● Prune-colored silk crepe one-piece, right, has a tucked shirt front and narrowest of shoulder straps. Tiny self buttons finish the bodice front. Dress by Jean Muir.



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IN THE SUN

A sophisticated short story
By **ELIZABETH TAYLOR**

DEIRDRE WALLACE stepped out of the car with some of her Moroccan trophies — a water-carrier's hat from Marrakesh hanging on a string from her wrist, a native basket, and an ugly, stamped-leather bag. "Oh, heavens!" she said.

Her husband, Bunny, snatched at a crumpled chiffon scarf as it loosened from her shoulders in the wind from the sea. He was a soldierly looking little man, with receding hair; had gone bald very early; was now in his fifties. So English, the other visitors at the hotel would be bound to say — not only because of his clothes, but on account of every stalwart movement he made.

Deirdre, before stepping into the coolness of the hotel, looked about her in dismay. She preferred something more Arab — an old Sultan's palace, for instance; or some ancient house inside a medina, with broken mosaics, and wrought-iron lanterns casting fancy patterns on the walls. So far, she had had an instinct for finding such places. This hotel looked like being their first mistake.

Beyond a bougainvillea hedge, people were actually playing tennis in this broiling sun. Scarlet Thames-valley geraniums bordered the drive — though more brilliant than any in England, and exuberantly climbed the trunks of trees.

Driving through the town, Deirdre had remarked how very much it was in the style of the departed French, with its boulevards, rond-points, shuttered villas named Le Mimosa, Les Rosiers, La Terrasse.

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On their arrival at the hotel, Deirdre Wallace and her husband, Bunny, were greeted by a typical holiday scene set in the blazing Moroccan sun.

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THE INNER MAN

An appealing short short story

By GILLETTE JONES

CELIA kissed Penny and once more carefully checked over all the instructions with the sitter before she left the apartment. In the years since her husband had deserted them, she'd been living with her parents again, but tonight they were out and she'd hired a sitter.

"Remember," she told the sitter, "I'll only be two blocks away."

"You told me, Mrs. Temple. Relax. Have a good time."

Celia entered the elevator, the word "Mrs." still echoing in her head. I'm not really, she thought — not any more. A few months ago she'd received word that Penny's father had been killed in an accident. She was free now. But she wasn't at all sure that she wanted to be a Mrs. again — ever. One experience of bitterness was more than enough for a lifetime.

Celia had accepted Mark's invitation for tonight hesitantly, having first refused to play hostess at his dinner party. He had pleaded with her, explaining how especially important this was. The dinner was for a potential boss and his wife, and at last she had given in to his urging.

She wasn't sure that she'd been right in accepting. She wasn't sure that she belonged in his life — or he in hers and Penny's.

She wondered how friends could say so surely, "Mark is nice — it would be so different with him." How could they be sure? She had once thought Penny's father nice, too — before she'd married him, before his irresponsibility had shown up, and he'd abandoned them.

She turned the ugly memories from her mind. She wasn't able to think of them for more than a moment at a time. But even a momentary glance at the past showed her that she could never trust her own judgment of people. She didn't understand how anyone could. The inner man was something hidden, buried under an outer shell of pleasantness.

As Celia emerged from the elevator, Mark was just entering the building. "Why didn't you wait?" he scolded gently.

"The sitter came. I thought I'd save time."

They walked the two blocks to Mark's, and she noticed that he seemed nervous. She knew he was terribly anxious to get the new job — actually a transfer in his own company to work he loved, besides meaning a promotion.

She found a little of his anxiety rubbing off on her, and she said, "I hope I'm not a liability tonight."

He laughed. "You could never be that. Anyway, the main thing is for you to keep his wife entertained after dinner while I talk business with him. The dinner's my specialty — salad and cold lobster."

Celia smiled. Of course lobster. Mark was from Maine.

She liked Mrs. Dodd immediately, and talked easily with her. The only uncomfortable moment came when Mrs. Dodd asked, "And when are you and Mark going to be married?"

Celia stumbled. "I don't know about that."

Mark had asked, many times. She believed he really loved her. And Penny was crazy about him. He was always wonderful with Penny — playful, thoughtful, with



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none of the resentment her own father had shown. Celia liked Mark. Had things been different, she'd have thought she loved him — but she had thought that once before.

Every time her past raised the question: could she ever tell what a person was like? The answer was always no.

The evening flew, in Mrs. Dodd's company, and before she knew it the Dodds were saying good night.

Mark hugged her after they left, looking elated. "Thanks, Celia — you helped make it a success. I'm sure I'll get the job." She was glad for him.

He got her coat and they started out. At the front door they heard a loud crash in the street. From the doorway they saw that the Dodds' car, in trying to manoeuvre out of a tight parking space, had backed into another parked car.

Mark put his hand on her arm, silently telling her to wait. They saw the boss get out of the car and walk back to look for damage. Then he returned to his car. The Dodds talked together, before they drove off.

Celia heard Mark let out his breath in relief. "I'm glad they looked. For a minute I thought he was like that guy I work for now, who thinks nobody else counts."

On Sunday, Celia looked for Mark in vain. They had no formal date, but he usually came to take them to the zoo or to a museum. The day dragged by.

At last, when she didn't even have a phone call from him, Celia thought: typical man. He got me in help get his job; now he doesn't need me. She had little reason to have faith in men, and yet she found herself wanting to have faith in Mark. Please come, she pleaded silently. But he failed her.

She did not hear from Mark until Monday evening. When he came to the door, he looked distressed, as though he'd been without sleep.

Whatever she'd planned to say went out of her mind. "What's wrong?" she asked anxiously.

He shook his head. "Everything. I thought tonight might be the happiest of my life. I thought I'd have the new job — and I hoped you just couldn't refuse me then."

"Mark, that's not why . . ." she started, but stopped because there was no way to explain. "Sit down, and tell me," she said instead.

"I'm not getting the job . . . and it's my own fault." He pounded one fist against the other, as though he wanted to strike himself. "But I couldn't help myself."

"But, what did you do?"

"Remember the parked car on Saturday night? Well, in the morning I saw the owners out looking at it. I knew that it had been damaged then. And those people — they're poor. They live in that old place around the corner. I'm sure they don't have coverage."

"But surely the Dodds contacted them?"

He nodded. "That's what I thought, too. But I waited all Sunday, and today — and they didn't. So I went to Mr. Dodd. I told him he probably didn't know how badly the car was rammed, in the dark . . ."

"And what did he say?"

"He was furious. Asked if I always butt into others' affairs, et cetera."

Celia's mind was racing. Every time she'd been with Mark, she'd played a game of putting Penny's father in his place, to prove her theory. Now the game wasn't working. The playing pieces she'd used would not fit.

Mark looked suddenly hurt. "Why are you grinning? Don't you know how much the job meant to me?"

"Oh, Mark, yes!" That was just it. The job had meant so much — and yet, he had thought of those other people, even before himself. She felt tears come, unbidden, and

she said quietly, "Mark, can I make you smile — if I say I'll marry you?"

His expression changed to a grin, but he looked puzzled, too. She knew he couldn't understand. No one as unselfish, as honest, as he could understand that there were people who were just the opposite. "You mean it?" he asked.

She smiled and nodded, with complete confidence. She was sure for the first time. She had seen the inner man.

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Continued from page 23

There were more bicycles than in Oxford, where the Wallaces lived.

Arab women in djibbabs and yashmaks looked absurd riding them, Deirdre thought.

Despite the palmery near which it was built, the new white hotel looked very European. "It might be anywhere in the world," Deirdre complained, "from Nice to the Bahamas — or Torquay."

Beside a peacock-blue swimming-pool, sunbathers were spread out like starfish on brightly cushioned furniture. Limbs stirred occasionally, but hardly a word was spoken. One lone swimmer stood as if bemused on the diving-board, then suddenly flung himself with a deep, crashing sound into the water.

The shock of this interruption subsided into peaceful blowing noises, gentle splashes, as the swimmer surfaced, shook the bright water from his face and then, as if once more bemused, began to swim slowly, aimlessly about the pool. No one opened an eye to look at him.

A porter, wearing a somewhat fancy-dress version of Moorish costume, took their suitcases to the lift. A man and woman, in beach clothes, carrying sunbathing paraphernalia stepped out of it. "English," Deirdre murmured to Bunny, as they stood side by side in the lift, ascending.

Bunny was secretly, guiltily, a little glad to see someone from his own country. His French was not as good as Deirdre's, and he spoke it and listened to it under a sense of strain. It would be a relief to chat in his own language—in the bar before dinner, perhaps.

"Very luxe," Deirdre said, but not in a tone of satisfaction, as she glanced about the large, cool bedroom. Bunny wound up the shutters and stepped on to the balcony. The pool, with its colored umbrellas, was below him. No one was swimming now, but wet footprints round the edges were drying quickly. They vanished one after the other on the hot concrete.

The English couple were arranging themselves ready for their afternoon's sunbathing. They removed their wraps and lay back in their deck-chairs—a stout pair, already well on with their tanning. The sun beat down. Arabs, at this time of the day, were squatting in the shade, or safely indoors.

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IN THE SUN

While she was waiting for Bunny to change into his swimming trunks, Deirdre wandered out into the stone-paved corridor, moving slowly along from window to window, looking at the distant hills, the pink and paprika landscape. The heat seemed to move, to rise and fall, making the dusty air whirl giddily.

A commotion beneath one of the windows made her lean out. A smell of rotting fruit rose from below. This was the back of the hotel and a rough road ran close to it, leading to the cemetery. As she leaned out of the window, Deirdre could see beneath her a swarm of children picking over a cart of refuse, disturbing the flies. The sight of this sickened her. Oh, it is quite upsetting, she told herself.

Especially was she moved by one little girl standing apart from the others, tearing pieces off a crust of bread. She was barefooted as they all were, but wore a crumpled dress of velvet. This, too, had probably come off a rubbish cart, Deirdre thought. It was threadbare, like some old banner hanging in a chapel.

"It was so upsetting," she told Bunny as they went down in the lift. "The back of the hotel might be in a different sphere from the front."

THE company about the swimming-pool was still somnolent. The large couple they had seen in the lift had been joined now by two other people — a man and a woman — and a lazy conversation had begun.

Deirdre took Bunny's wrap and went to sit in the shade under a blue umbrella. Very smartly, Bunny stepped on to the diving-board, sprang outwards and flopped into the still water. The French visitors cried out with good-natured shouts of anguish. Most of the English pretended that nothing had happened. Bunny came up with a crimson chest. Deirdre blushed.

The Troughtons and the Crouches had struck up a desultory holiday friendship. They chatted when they met and joined one another for drinks before dinner, but did not yet go on expeditions together. The Troughtons, for that matter, very rarely went on expeditions. They had come here to get a tan, and seriously developed it from breakfast until the sun suddenly dropped out of the sky at six o'clock.

"Yes, they were getting into the lift as we got out," Mrs. Troughton told Mrs. Crouch, who had turned her attention to the newcomers on the other side of the pool. "So English," she murmured. "Simply couldn't be anything else."

Bunny flailed about in the water—a splashy, disgruntled crawl—and Deirdre sat under the umbrella in her white blouse, her flowered dirndl skirt—a book in her hands, which she read with

so little attention that she had not turned a page.

Her fond, dreamy gaze was more often upon Bunny. Admiringly, she watched him quietly floating on his back.

When at last he came out of the water, Deirdre handed him his robe. Something about her devoted attitude irritated Mrs. Crouch. She doubted if they were married to one another, she said; but Mrs. Troughton could not think why else they could be on holiday together.

Other people greatly engaged Mrs. Crouch, and her husband shared her interest—a rather unmannish trait, Mrs. Troughton thought. Her own husband was not, on holiday, interested in anything. Separated from the Stock Market, his mind became a vacuum. A paperback thriller was part of his sunbathing equipment, but he had not so far opened it. His hands were always covered with suntan oil, and for much of the time he dozed.

"Doesn't she remind you of Miss Simpson, Daddy?" Mrs. Crouch suggested to her husband, gazing across the pool at Deirdre Wallace.

"He reminds me of someone," Mrs. Troughton said, thinking what awful company one sometimes fell in with on holiday—and often, through proximity and one's tolerant holiday spirit, became quite absorbed in their lives. "Someone I've seen somewhere or seen a photograph of," she added.

"Miss Simpson was Janice's music mistress," Mrs. Crouch explained. No need to explain who Janice was. The Troughtons knew all about Janice, who was training to be a nurse. They knew about the hospital, too—the matron, sisters, patients. Mrs. Troughton thought she could find her way blindfold about it.

She would also be quite at home in Sister Carol's office, and in their house, or home—as Mrs. Crouch always called it—in Guildford, with its frilled nylon curtains, its sun-lounge and bar—quilted plastic decor done by Mr. Crouch... Leslie... Daddy... himself.

Well, they were a nice homeloving pair, Mrs. Troughton thought, though this Daddy business grated. The world would be better with more such peaceable, easily pleased creatures in it. "Don't you think so, Daddy?" The image of Miss Simpson.

He looked at Deirdre over the top of his spectacles and agreed. Part of Brenda's unflagging interest in other people was to be constantly finding likenesses between them. She had at the very beginning—last Saturday—decided that Ralph Troughton was a younger, shorter General De Gaulle, and that his Peggy might have been an identical twin to their doctor's wife back home.

That was how Mrs. Crouch had introduced herself to them, sitting at the bar before dinner. "Oh, you must think me terribly rude," she said.

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Best New Food Idea in Years!



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No mixing—
simply heat and serve.

This one buttonholes, darns, triple stitches, overlocks, overcasts, zig-zags, fancy stitches all automatically



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If your back aches like this and Rheumatism kills your work and fun, take New Improved CRYSTEX to wash away the acid and pain. Feel young and fit again. Get Scientific, Laboratory-tested and Certified CRYSTEX from your chemist for full help. Only 4/6.

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IN AND OUT OF SOCIETY



By RUD

THE RICH GIRL WHO WALKED OUT

A captivating short story

By EILEEN TIGHE

They were young and in love, but as they stood together neither could foresee the disillusionment to come

SOMEONE once said of Bill Bennett that he was a fifty-cent lawyer in a ten-dollar town. It was the kind of tag that stuck. Not that Bill seemed to care or tried to disprove it, but his friends, who were legion in Scarborough, thought it less than just, and they were sure that the tag had something to do with it when Bill's engagement to Jane Whittemore was broken.

The Whittemore family was prominent in town, but so was the Bennett family. They were prominent in different ways. The Whittemores owned one of the big showplaces, a massive granite pile in the Hudson River Bracketed tradition, which was strategically set on land that swept down to the river in heavily landscaped layers.

The Bennett family lived on Main Street in a well-kept white house that was now a town landmark and authentically Dutch Colonial. It had been in the family since the early 1700s. But the difference between the two families was far greater than the difference in their houses. It had to do with a way of life.

Bill Bennett was a tall, lanky, easygoing fellow who played championship tennis and danced like a dream. He had a good mind and a disciplined body, and he had been brought up to believe in giving rather than taking.

After he came back from the war and passed his bar exams, he set up a clinic for people who were in trouble and spent three evenings a week dispensing legal advice for a fee of fifty cents. He fell in love with Jane Whittemore when he was twelve, and there had never been anyone else for him.

When Jane broke with him, everybody in Scarborough hoped he would find another girl because Bill was the last of the Bennetts and the Bennetts had done a lot for Scarborough.

Jane Whittemore was small, blonde, and quick. Quick to act, quick to argue, quick to anger, and quick to forgive. She was not an only child, as Bill was, but she was the only girl in the Whittemore family. She had three brothers who adored her and spoiled her. She played par golf and rode a horse like a cowboy. Everybody in Scarborough was sure she was still in love with Bill Bennett even though she had broken their engagement to marry a mining engineer from Denver, Colorado.

The Whittemore place had been standing untenanted on the river for several years when the postwar population boom brought waves of new home-buyers into the suburbs. One by one the estates gave way to the developers until finally the Whittemore property was the only big place left.

There was a great deal of speculation around town as to what would happen to it, and then one day the Scarborough "Sentinel" announced that the last big estate had been sold and would be razed to make way for an 80-family luxury apartment house.

It was late spring before they started to tear down the old mansion, and Bill was trying an accident case in Mount Pleasant when he was handed an urgent message to call Joe Mahoney, the editor of the "Sentinel." Bill waited until he got back to his office to put in the call.

Joe had a habit of sending urgent messages, but he was a hard man to reach from a telephone booth. It was easier to sit in your office with your feet on the desk. Bill was stretched out comfortably when his operator finally reached Joe.

"What's up, Joe?" he asked.

"Where were you?" Joe replied. "I wanted to talk to you before we went to press. Didn't you get my message?"

"I was in court."

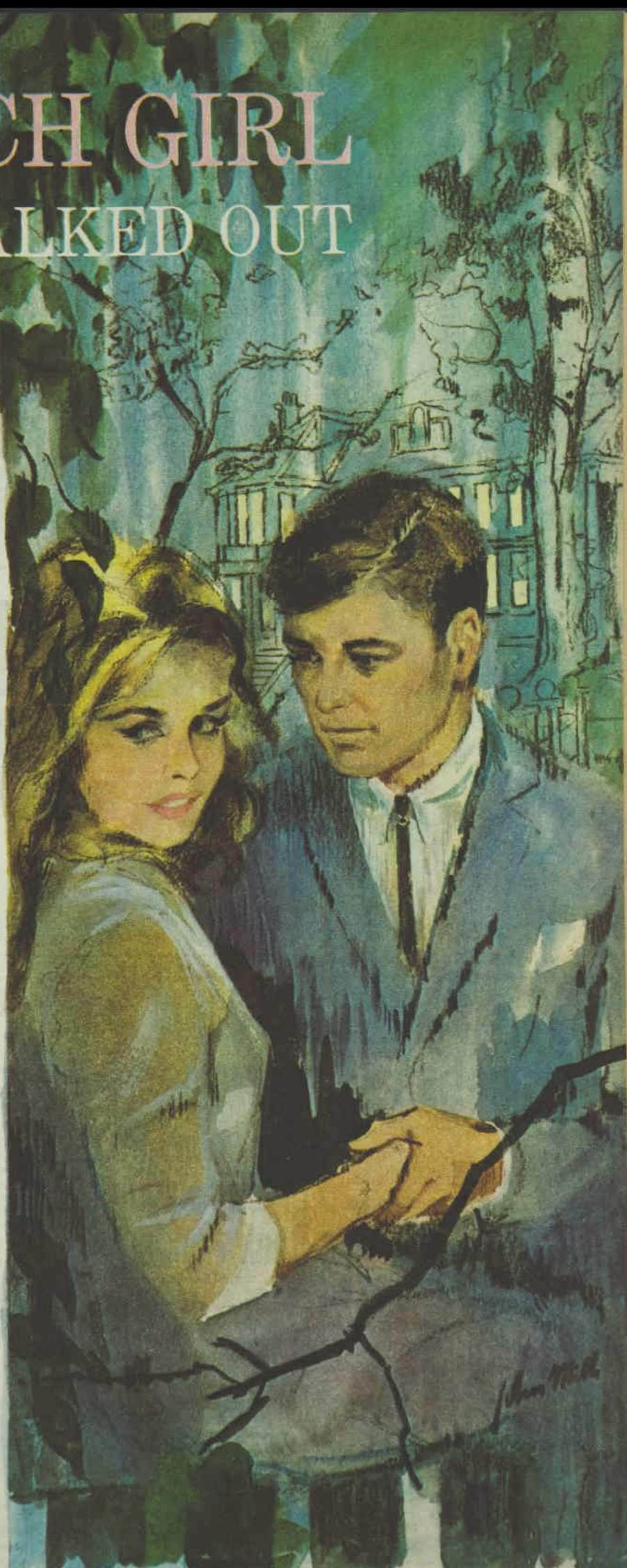
"You fellas are always in court when someone's looking for you."

"Well," said Bill pleasantly, "it's a living."

"OK, OK," said Joe. "What I want to know, Bill — aren't you one of the executors of the Whittemore estate?"

"Not for Jim Whittemore. I'm executor of his mother's estate. Don't ask me why. I guess old Rachel liked me."

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WIN A SCHOLARSHIP FOR YOUR BABY IN THE \$14,000



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You can win enough money to help your baby through university or an equivalent level of tertiary education. And you don't have to be an academic yourself to win for him this golden opportunity. It's so easy! Winners will have \$2,000 paid into an "Educational Endowment" account at the bank of their choice. What a wonderful start in life for your child! Enter now. It couldn't be simpler.



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A very useful sum of money for any youngster starting out in an adult world. And by the time your baby needs this amount it will have increased considerably with bank interest and you'll probably have added to it from time to time yourself too.

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And what an easy way to win them! Baby will have plenty of extra nappies now! They're beautifully soft and thick too.

HURRY. ENTER NOW

HERE'S HOW EASY IT IS...

ALL YOU HAVE TO DO IS USE YOUR OWN EXPERIENCE AS A MOTHER

1. Study the list of Nestlé's Baby Food Varieties below.
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STRAINED VARIETIES (Number 1-5)

- ☐ LAMB & VEGETABLES.
- ☐ CHICKEN BROTH.
- ☐ PEARS.
- ☐ BEEF & VEGETABLES.
- ☐ EGG CUSTARD.

JUNIOR VARIETIES (Number 1-5)

- ☐ APPLES.
- ☐ LAMB BRAINS & VEGETABLES.
- ☐ CHICKEN DINNER.
- ☐ EGG CUSTARD & RICE
- ☐ HAM & VEGETABLES.

4. Entries should be mailed to:
NESTLÉ'S, C/- Box 425, P.O., Darlinghurst, Sydney, N.S.W.

RULES FOR CONTESTANTS:

- (a) Contestants may send as many entries as they like but each must be on a separate entry form or sheet of paper.
- (b) Each entry must be accompanied by a label from a jar of Nestlé's Strained or Junior Baby Food.*
- (c) Neatest correct or nearest correct entries received will be awarded the 655 prizes.
- (d) Judge's decision is final. The correct order is established by Nestlé's Baby Foods sales records over the last 18 months.
- (e) No correspondence will be entered into.
- (f) Nestlé's employees and their families may not enter the contest, nor may the members of Nestlé's Advertising Agencies and their families.
- (g) Entries close at 5.00 p.m. on April 8th, 1966.

* Labels not required where this contravenes State Law.

Winners will be notified by mail; winners names will be published under Public Notices in morning newspapers in all state capitals on Friday, May 6th, 1966.

(PRINT IN BLOCK CAPITALS)

Name

Address

Your Baby's Name Age

A short story of
LOVE and MARRIAGE

For sheer delight we present this story

By **DAISY ASHFORD**

which, like her novel "The Young Visitors,"
was written as a child around 1892



CHAPTER 1
LOVE

So on the following Thursday
Burke and Edith were married.

THE house in which Mr. and Mrs. Molvern lived was one of the usual kind, with its red painted door and small garden looking out on a very dreamy park. The bed-room windows which all looked out on the front, had half dirty white curtains in them, above which could be seen dark silk sashes of the same dirtiness.

Mr. Molvern was a red haired quick tempered gentleman, with very small grey eyes and a clever looking pink face. He would always wear brown suits, but as everybody said he looked much better in black. Mrs. Molvern was quite on the contrary. She had indeed a quiet temper, with a pale delicate looking face with large brown eyes that looked at people with great interest, and her fair hair glistened in the sun.

She usually wore half dirty white dresses, and in going out she wore a dark blue velvet jacket with black fur and a brown hat with red poppies. She never wore gloves except on Sundays and then she wore yellow cotton ones.

At the present time they had a young gentleman staying with them, who lived in the neighborhood. He was sitting in his room waiting for the town clock to strike four, because when it did he had to go out and meet his true love, whose name was Edith Plush. His own name was Thomas Henrick, but he was known as Burke in that family. At last hearing the hour strike, he snatched up a felt hat, and putting it on his greasy head started off to meet his true love.

When he reached Mionge Lane he met his pretty true love skipping along most lady-like and primly. She was dressed in a light blue dress with a white sash tied at the side in two knots. Her long fair

hair hung down her back tied with a pink ribbon, and her fringe was fluttering in the breeze.

Behind her fringe she wore a wreath of green ivy. In one hand she carried a leghorn hat with red and blue ribbon, and in the other a silken bag filled with a threepenny bit and two biscuits, and her age was nineteen.

"Well my pretty bird," she said as she approached Burke, "I hope you will like to 'manger' a biscuit with me" (I may add that she was fond of French).

"Thank you Edith," he said, "I will have one if it's a cracknell."

Then Edith burst into a fit of tears and howled out, "Oh, but they are Osbornes."

"Well to dry up those moist tears, I will eat one," said Burke.

"You dear!" said Edith like sunshine after rain, for the smiles had come on her face, as she opened her silken bag and popped one into his blistered hand. After this Burke and Edith walked along down the lane, which I forgot to say was shaded by trees all along.

"Burke," said Edith after a long pause, "you have talked often enough and said we shall be married one day, but when it is going to come off I am sure I don't know."

"Well my dear Edith you must recollect I am not a good dancer and have no nice suits, and you must recollect my people are not in this neighborhood and I can't write marriage letters, and to begin with I don't think my people would like me to be married just yet as I am not quite twenty nine."

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*'Of course I used it
in New York'*

*'Everyone colors their hair with
Polycolor overseas—and now we're all
doing it here. (There's never been
anything like it!)*

so easy Polycolor colors, conditions and cleans — a complete beauty treatment in minutes. No messy liquid — Polycolor's Cream won't drip or run — won't stain your scalp.



so sure Polycolor gives even coverage all over — glorious conditioned color that lasts a month or more — fades out gradually, evenly. Blends in greying hair — no retouching is necessary.

so many colors With Polycolor you can choose from 20 shades to enliven your natural color, darken your present color or create highlights or fashionable tones. No other cream shampoo gives such a choice!



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COLOR** CREAM SHAMPOO
Pastel
HAIR COLOR \$1.05 (10/6)

**POLYHINT for those
with grey hair . . .**

Pauline Reynolds (Poly Hair Beauty Counsellor) says: Grey hair's no problem with Polycolor. If you've just a sprink-

ling of grey, use Polycolor Cream Shampoo Pastel to blend the grey hairs in with your own natural color. If you're predominantly grey, Polycolor Permanent Cream

Hair Color in the black and red box is for you—it's a permanent hair color in a range of completely natural shades to bring back an exciting, youthful look. You can use

Polycolor Cream Shampoo Pastel to extend the period between permanent coloring treatments by blending-in the regrowth without color build-up. If you have any hair problems

or would like advice on hair beauty in general, write me, enclosing a hair sample if possible, care of: Poly Hair Cosmetics, P.O. Box 18, Villawood, N.S.W.

Ways to cool the temper



LETTER BOX

• We pay \$2.00 for all letters published. Letters must be original, not previously published. Preference is given to letters with signatures.

IN reply to Mrs. Kangur, who says she cleans her mouth to cool her temper, my method is to rush to the piano and bang out as many tunes as I can think of. Failing that (if I am doing something and cannot spare the time), I sing the same tunes in a loud voice. It works for me.

\$2.00 to "Gracie" (name supplied), Tenterfield, N.S.W.

THE method I favor is to rush to the fridge and get an ice-cube. I have found that it is practically impossible to keep your temper on the boil while trying to eat an ice-cube. Perhaps the ice cools the temper?

\$2.00 to Miss L. Preece, Chewton, Vic.

WHAT I do when I lose my temper and there is too much I'd like to say is to write myself a letter. And, at boy, is it nasty! Then I tear it up, put a smile on my face, and feel much better for things left unsaid.

\$2.00 to Mrs. Clarke, Ashfield, N.S.W.

REACH for the scrubbing brush, soap, and bucket. This old-fashioned are never fails me.

\$2.00 to Mrs. C. Little, Swan Reach, Vic.

WHENEVER I feel like tearing a strip off the world, I close my eyes and take my mind to bide awhile in the most tranquil scene I know — early summer morning on the farm. Warm sun, magpies carolling, the distant bleating of lambs, rippling trees trailing lazy fingers in the dust, and the summer of golden wheat following in the breeze. This never fails to restore my good humor, and the "journey" takes no time at all.

\$2.00 to Mrs. D. N. Hunt, Heidelberg, Vic.

AT the times when I get all boiled up, I find my best safety-valve is to look through old photographs.

\$2.00 to Mr. Stewart Cosell, Gosford, N.S.W.

WHEN I am near boiling point, I close my eyes, and after a few seconds of serious meditation on the subject I quietly say to myself, "Now, where were we?" and works every time.

\$2.00 to "Thinker" (name supplied), Forest Hill, Vic.

GETTING out into the garden and starting to weed is my safety-valve. Or, alternatively, watering it. My husband favors the time-worn cure of chopping wood.

\$2.00 to "Outside" (name supplied), Gunnedah, N.S.W.

Wedding dress uses

THERE it lies in all its glory, 16 yards of beautiful de-lustrated satin. I have tried unsuccessfully to sell it, thought of cutting it down for evening wear, but it would still so obviously be a wedding gown; considered making it into underclothes or curtains, but, no, I can't quite bring myself to do it. WHAT should I do with my wedding gown — what have other people done with theirs?

\$2.00 to Mrs. B. Young, Paddington, Qld.

Grandpa's inside-out world

GRANDFATHER, looking on at the alterations being done to our home, observed that things had changed since his boyhood. "In those days," he said, "the cooking was done inside the house and the toilet was down the garden path. Now you go inside to the toilet and outside to cook." He had not seen a barbecue before.

\$2.00 to "Rance" (name supplied), Moss Vale, N.S.W.

Babies don't look at price tags

WITH toys so expensive, I wish that adoring and well-meaning relatives would think more and spend less when buying presents for my baby. He was given some beautiful and costly gifts for Christmas, but after one look at them he went back to his old plastic bucket full of cotton-reels, wooden and plastic spoons, and jam-jar lids. It is such a pity, for the givers are often quite hurt when baby won't cuddle and play with the lovely things they give him.

\$2.00 to "Broke" (name supplied), Payneham, S.A.

Kissed the sergeant

ON a rare visit to Sydney, I was dumbfounded when a hefty male in working clothes walked across to me and gave me a hearty slap on the back and a kiss on the cheek. Grinning broadly, he said, "I told you that's what I'd do if we ever met in civilian life, Sarge." He was gone before I could gather my middle-aged wits sufficiently to tell him that I had never been in the Army or anything else that could have conceivably have made me a sergeant.

\$2.00 to "R. Well" (name supplied), Blackheath, N.S.W.

Masculine logic

WHEN going away for a holiday, my husband puts the alarm clock on for about an hour before we are due to rise. He usually sleeps lightly in case of over-sleeping, so an hour before the alarm is due to go off he awakens me to say that I have another hour to sleep!

\$2.00 to "Good Old Dad" (name supplied), Prospect, S.A.

Ross Campbell writes...

What is a table for?

This seems a simple question, but it has led to an argument.

The table concerned is a small round one. My wife installed it in the kitchen and takes a pride in it. It has a shiny top covered with a wavy pattern called Ballerina Fantasy.

The table is in a handy position inside the door, and people leave things on it.

You may be interested to know what sort of things. Perhaps you are not interested, but I shall tell you, anyway.

They include hats, colored pencils, a transistor radio, letters, plastic fingernails, handkerchiefs and underwear brought in from the clothesline, notices of school fetes, bags of licorice allsorts, comics, scissors, balloons, *The Australian Women's Weekly*, hose nozzles, hosiery, bills, milk bottles, messages ("Have gone to dentist, would you please turn off my oven at 4 o'clock — Rhonda"), pills, and a small xylophone.

My wife has protested against this state of affairs from time to time.

"The table is always in a mess! As soon as I clear it up, someone

THE ROUND TABLE

covers it with junk again," she said. She was irritated because the junk hid the Ballerina Fantasy pattern.

Nobody paid much attention to her complaints until a week or two ago.

One day we found the table cleared and a red notice fixed to it with sticky tape: "Do Not Place



ANYTHING On This Table, Please."

It had the final inflexible look of those signs you see in Melbourne: No Standing At Any Time.

When I first saw the notice I was carrying a hat, a bottle of paste, and a yo-yo, all of which I intended to put on the table.

"I don't get this," I said. "What's

the good of a table if you can't put things on it?"

"I want the table tidy for a change," my wife said.

"But tables should be used for something," I told her. "You operate on operating tables. You dine at dining tables, you game at gaming tables. This table is for putting things on."

It was no good. She has a streak of tidiness in her. If she were a business executive she would probably be what they call a Clean Desk Woman.

I placed my bottle of paste and the yo-yo on a chair.

For a few days nobody put anything on the table. It was empty except for the stern red notice.

Then one day I saw the radio on it, followed by a geometry book and a ball of string.

Yesterday there were some socks, the Fuzzy Felt Hospital game, a bag of peanuts, and a dog's head cut out of a Crunchy Flakes packet.

I am afraid my wife will have to face up to reality.

Junk will always beat you in the end. If you keep it off the table it turns up on the chairs.

You must learn to live with it, even if it covers your Ballerina Fantasy.

PICNIC



I know a bank whereon wild papers blow,
Old form guides, tissues, and a cardboard plate,
Where beer cans bravely glitter. Quick, let's go,
Head for the open road lest we be late.

Sniffing exhaust fumes in the morning air
We'll gain fresh zest for workday life while—hark!
Transistors, drowning birdsong, banish care—
Provided we can find a place to park.

—Dorothy Drain

Make-believe kindergarten

A MOTHER hit on this solution for a child pestering to be sent to kindergartent. A small table and chair were set up under a shady tree in the backyard and the child given pencil and paper for drawing. When lunch-time came she was given a cut and wrapped lunch just like the older children took to school. Not exactly kindergarten, perhaps, but it satisfied the child and she stopped envying the other children.

\$2.00 to "School Days" (name supplied), Camp Hill, Qld.

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You feel so comfortable with Tampax internal sanitary protection that you aren't even aware you're wearing it.

You feel comfortable in your mind, too. You know odour can't form. You know that you're perfectly protected. Tampax can't slip. You know nothing can show, no one can know. The silken-smooth applicator makes insertion easy, correct and hygienic.

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Start Tampax now. In 2 absorbencies. Regular and Super, and available in the standard 10's and the new Economy 40's at substantial saving.

TAMPAX Internal Sanitary Protection

If you'd like a sample (in plain wrapper) send name, address and 7d. (6c) in stamps to The Nurse, Dept. A, World Agencies Pty. Ltd., Box 3725, G.P.O., Sydney.

'I won't eat any'

What to do when your child refuses food

When a good-eater turns finicky, suspect childhood constipation. A simple answer is chocolate Laxettes, given at bedtime. Children actually like taking Laxettes. Laxettes contain an exact dose of a gentle laxative, but all the child can taste is the chocolate. While your kiddie sleeps, Laxettes work gently to correct irregularity. Next morning the constipation attack is over. Keep Laxettes handy. Only 3/6 (35 cents). Always fresh in the air-sealed packet.

LA-13

"I just found myself staring at you. It quite took my breath away when you walked in. You're so like our doctor's wife back home — we live in Guildford — I thought for a moment . . ."

Mrs. Troughton was easy, benign, friendly. She smiled. Here we go, she thought. It will be like those Tillotsons in Majorca and the funny couple in Corfu. She was quite prepared to be genial for a fortnight. Her placid disposition was never disturbed by other people. At home, in London, she protected Ralph from such intrusions; on holiday it was unnecessary, he was not really there.

Mr. Troughton now stirred himself, slapped a fly away from his ankle, got stiffly up, and stretched. "Time for a drink," he said. "Last dip," he added. He had few words to spare.

Continued from page 26

He dived in expertly from the side of the pool, swam powerfully across it, and hauled himself out. The others, feeling rather dazed and enervated from the sun, began to collect their belongings.

After dinner the Wallaces drank coffee in the hotel courtyard. Light fell from wrought-iron lanterns and printed scrolled shadows on the white walls around them, together with the shadows of giant leaves. A fountain dribbled water back into a pool. An orange dropped from a tree.

Next to them at dinner sat a young American and his Moroccan wife — perhaps on their honeymoon, it was thought. His wife dealt deftly with every situation, speaking

in Arabic, French, or Spanish. She was as curt with waiters as Deirdre had earlier watched her being with rug-sellers and beggars who hung about the entrance to the hotel. Her shift was of a pale lime-green silk and clung to her, showing her beautiful, wide-apart breasts.

Now she and her husband were sitting across the courtyard, under a limbing rose-tree. She was feeding a thin grey cat with popcorn. Deirdre, who loved cats, had tried to make this one come to her, but it had edged away at her touch.

The popcorn made it thirsty and it kept pattering off to the fountain pool in the middle of the courtyard to have a drink. A boy had hosed the paving-stones. Although they

had dried at once there was still the delicious smell of wet stone.

Deirdre refilled Bunny's coffee-cup and then sat back. He was glancing too often at the young Moroccan woman, almost staring at her at the moment, and to underline his inattention, Deirdre twisted her fingers in her lap and looked fixedly down at them. The message was received. With a little start of confusion, Bunny said, "I was just remembering when you had a dress that color."

"What color?" asked Deirdre, glancing round the courtyard.

"That yellowish green."

"When?"

"Oh, I can't remember. Probably years ago."

"Not that color, I'm quite sure. It wouldn't suit me in the least."

"Oh, well . . ." he said vaguely, taking up his coffee-cup, his eyes anywhere but on that lime-green dress under the roses.

"But," she persisted, "what an earth was it like?"

He regretted mentioning it. He had made a mistake, and she was beginning to think it was some other woman's dress he had remembered. It had been a difficult evening.

In the bar before dinner, she had looked huffily at the other visitors as if cross with them for being English; then had turned away to chat in French with the Arab barman. "Until we came here, we hadn't seen a single English person since we left Ouzenna."

When they reached home after their holidays, she liked to tell people that hardly a word of English had offended their ears from start to finish. Now she would not be able to—for she would not exaggerate or tell a lie.

Bunny had smiled and said good evening when Ralph Troughton had come into the bar, and Ralph had nodded back quite genially, settling himself on a high stool and helping himself to olives. It was soon plain, however, that Deirdre was annoying him, monopolizing the attention of the barman as she was, asking him what was the Arabic for peanuts, for cherries, for everything she could see around her.

"Large scotch," said Ralph Troughton, when he could get a word in.

Deirdre turned her eyes to him and then away.

It was always the same, Bunny thought wistfully, and without bitterness. She drove people from him, shooed them off, as if he were private ground. Sometimes he longed to have a conversation with someone else, another man — this one drinking whisky, for instance.

AT dinner, they had found themselves sitting next to the Crouches. The Troughtons, earlier established in the hotel, had a table by the veranda overlooking the swimming-pool and beyond that the dark seashore.

Deirdre recognised Mrs. Crouch as the one who had stared so much at them that afternoon, had been talking about them, had murmured to her companions, Deirdre thought, when poor Bunny had flopped into the pool. To punish her, when she was overheard remarking to her husband how strange it seemed that the scarecrows in the fields should be dressed as Arabs, Deirdre put her tongue in her cheek and smiled, giving a glance under her lids at Bunny.

The food was extremely boring, but Mrs. Crouch was either hungry or easily pleased. That her chop should be tender was enough for her, and several times she told her husband how tender it was.

"Do you remember the *tajine à poulet aux amandes* in Fez?" Deirdre asked Bunny, leaving most of her own chop, putting her knife and fork together. He could see that she had taken a great dislike to Mrs. Crouch.

Now, sitting in the courtyard, listening to nightingales, looking through leaves at the stars — for safety — they both felt tired, tired by one another. Deirdre was exhausted by trying to interest him and keep him happy, trying, in fact, to make up for all the rest of the world; to be a world in herself.

"Shall we hire a caleche and drive round for a bit?" Bunny suggested. The Crouches and Troughtons had come out into the courtyard and were settling down at a nearby table. He had warned them off. They were not for him.

"Oh, I should love to," said Deirdre. She seemed in ecstasy at the idea and hurried upstairs to select one of her many stoles.

The air was beautifully soft and smelt of orange blossom as they drove in the caleche down the boulevard, across the road-point, and into the old part of the town.

To page 33



**FEEL
YOUNGER
LOOK
BRIGHTER**

Clear skin is an outward sign of inward good health. Young people find that the daily "KRUSCHEN" plan assists in removing those embarrassing skin blemishes. Older people find that the daily "KRUSCHEN" plan also relieves irregularity, rheumatism, sick headaches and dizziness. If you want to feel on top of the world—want that "great-to-be-alive" feeling, start the "KRUSCHEN" plan today.

**TAKE
'KRUSCHEN'
DAILY**

FOR THAT 'GREAT TO BE ALIVE' FEELING

Under the walls, by one of the gates into the medina, a circle of men were sitting on the ground, wrapped round in their djibbabs, listening to an old man who was reading to them from a large book. Light from a paraffin flare waved over the pages, over their intent faces. They were absorbed, like children, and did not lift their eyes to Deirdre and Bunny jolting by in their caleche.

"It is so beautiful," whispered Deirdre, taking Bunny's hand.

They drove round the walls and when they came back past the gateway the circle of Arabs had broken up: the men were dispersing in silence, going their own ways thoughtfully, through the quiet streets, still under the spell of what they had heard.

"It is what we came to see," Deirdre said, with a sweep of her hand at the white walls, beyond them the tower of a mosque topped with a stork's nest. "Not that boring new hotel, not all those tiresome English people. We can have plenty of them at home."

Yet don't, thought Bunny sadly

... It was becoming colder and the fronds of the trees in the palmery clashed softly together. Moonlight was enough to read by. It blanched Deirdre's face as she lifted it to look at the stars, it glinted on some metal threads woven into her stole.

The streets were quiet. The only sound was of the horse's hoofs on the road, the creaking of the caleche, and then, as they drew near, dance music coming from the hotel.

THE Troughtons and the Crouches were just setting out for a stroll before bed. They felt drowsy from the day's sun and non-exertion.

As they went down the steps of the hotel they saw Bunny helping Deirdre from the caleche . . . her radiant smile as she took his hand.

"Of course they aren't married," Mrs. Crouch murmured as she and Mrs. Troughton fell into step together.

"I'd like to go in one of those, Ralph," Mrs. Troughton said, over her shoulder. But she didn't suppose they'd ever bother . . .

Peggy Troughton sat up in bed and drank her coffee, croissant crumbs scattered on her sunburnt chest.

"And his name is Bunny. Isn't that wonderful?" she asked her husband, who was pottering about, getting into his swimming-trunks and sandals, ready for the day's lying out in the sun. He was rather irritable in the mornings when he was on holidays, having slept most of the day and, so, badly at night.

"What do you think he does?" Peggy Troughton went on.

"Does? What do you mean does?"

"I think he travels in lingerie. Or he might own a launderette. It's obvious that she has the money, don't you think?"

"What money?"

"Well, for this sort of holiday, for instance, and all those moonstones and seed pearls and garnets that she wears in the evening."

"Poor sod, whatever he does," Ralph said. He found Deirdre's airs and graces intolerable. Her pale blue eyes, baby hair, and crushed scarves irritated him. Not that she ever talked to him, but she talked at him.

"Very henpecked," Peggy agreed. "His accent isn't quite right. A bit too much of a good thing."

She put her breakfast tray aside and got heavily out of bed. She stood in front of the long mirror, turned round slowly, trying to look over her fat shoulders at her sunburnt back.

"Ralph, I'm not peeling, am I? Don't tell me I'm peeling. I am itching all down my spine."

To page 34

COLLECTORS' CORNER

● Our expert, Mr. Stanley Lipscombe, answers readers' inquiries about their antiques.

I HAVE a large soup tureen which has been in my family's possession for more than 100 years. I am anxious to identify it. Unfortunately there are no visible marks on it which might give a clue. — Mrs. D. U. Esdaile, Upper Beaconsfield, Vic.

Your mid-nineteenth century Staffordshire soup tureen (right), which still has its original stand, was made about 1845-55. In the absence of any potter's mark and without personal identification, it is impossible to attribute it to any particular potter.

MY grandfather returned from a trip to the Far East at the turn of this century with a pair of tall vases. They are about 30 inches high and are brightly colored, with an orange-and-gold floral design on one side. How old do you think they are? — D. Ferguson, Kensington, N.S.W.

Your vases are typical late nineteenth or early twentieth century Japanese Kaga-ware.



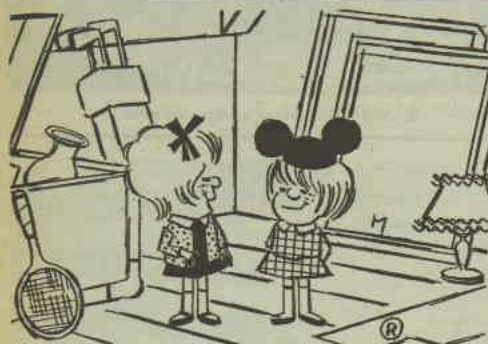
● Staffordshire soup tureen.



... coats of such gentleness that they caress you like a lover. Superb in its elegance is the Ralex classic coat in velvet smooth, imported camelhair in the pure-strain camel colour . . . to appear in it is to touch the heart of everyone . . . style 715 . . . \$72 or simply £36. Wear one as a clutch coat . . . hand stitched seams

shape it with eloquent smoothness . . . so simple, it is almost ostentatious in its understatement . . . of finest imported, genuine cashmere in natural, vicuna or midnight blue . . . style 778, superb at \$84. Both styles 10-16. See these and other Ralex styles in selected stores throughout the nation.

THE SMALLEST SET



"Those were the good old days."



"Powdered eggs come from powdered chickens, stupid."



"Chicken!"



"Can't you be quiet? That's the second time you've made me lose my place!"

IN THE SUN

Continued from page 33

He came across the room and peered at her, as if he were making up his mind about a joint of meat, not looking at a woman, his wife. The red skin across her shoulders was puckered and creased from the crushed-up nightgown.

"Looks a bit angry," he said. "I should give your back a rest today."

But she could not bear to waste a whole day—and what else was there to do?

Going into the bathroom, she said, "And the way she drags him off to those mosques. And all that shopping, and going into those smelly souks."

It was another world that these Europeans briefly made—nothing to do with the country they were in, and little to do with the one from which they had come. Everything was centred on the sun cult and its rituals—the oiling, the turning, the rules for exposure and non-exposure, the setbacks—particularly blisters—the whole absorbing process.

They were mostly middle-aged married people who lolled about the swimming-pool all day. The young French girls—the bikini brigade, as Leslie Crouch called them—went to the shore and lay on the sands where a group of straw umbrellas was planted above tide level.

Deirdre was rather relieved when Bunny decided to swim in the sea for a change. There he would have to wade out and she would be spared the anxiety of the dive in.

SHE went with him, taking her book. She would not bathe herself. The last time she had put on a swimsuit she had felt absurd, too thin—not the kind of thinness of the young bikini girls, but a wide flatness which looked ridiculous or pathetic; her skin, which never tanned, looked almost mauve. She suffered, deprived of her floating stoles, her floppy hats.

On their way they passed Mr. and Mrs. Troughton. She was oiling his back, finishing with an affectionate little pat. Then, sternly tushanded and wearing her sunglasses, she opened a book and began to read to him. She had pulled down the straps of her sunsuit and all that showed of her large bosom was reddish brown. The morning air smelt heavily of suntan oil.

"A very large lobster," Deirdre whispered to Bunny when they had passed by. "She only needs a dollop of mayonnaise."

They made their way through some dusty oleanders, across the shore road and on to the beach. When they had taken off their sandals their feet sank deeply into the sharp, hot sand. They plodded slowly through it down toward the water's edge.

Bunny's forehead was peeling, so he wore a little white jockey cap with a long peak. As he strutted, very upright, arms swinging, on the hard ribbed sand they had come to, he resembled some kind of bird. Deirdre thought Mrs. Troughton had looked amused as they passed by, but it was difficult to be sure. Sunglasses take so much expression from the face.

"People come out here," said Deirdre, glaring at the bodies about her, "and bake themselves all day, only glad if they can go back home the color that they punish other people for being."

"So true," said Bunny.

Without discussing where they should sit, they moved apart from the others and spread towels out on the sand. Bunny removed his hat and shirt and went trotting down to the sea, his crooked arms jerking back and forth like a long-distance runner's.

Languid, shallow waves came in, gathering little crests of foam, spilling over and fanning out on the sands. After quite a long time, Deirdre could still see Bunny wading out, not even knee-deep in the water.

Quite close to where Deirdre sat guarding his towel and shirt, two young girls came and flopped down on the sand. They were smoothly brown, slim-waisted. One had a pale appendectomy scar showing above the little triangle of bikini. She rolled her almost bare, oiled body over to switch on her transistor set, and a French song blared out.

Not entirely because of this, Deirdre gathered up her things and moved away into the shade beneath an umbrella. She sat there primly, reading, sometimes glancing at the sea, her shiny, white legs tucked under her flowered skirt. When she saw Bunny coming out of the water, she stood up and waved to him. He altered his course and came toward the umbrella.

"Some shade," she explained, handing him his towel. "And that awful transistor set. They oughtn't to be allowed."

He patted his wet, sunburnt face with the towel, glanced toward the two girls, and then quickly back at Deirdre. "You look very pretty sitting under this umbrella," he said. "I wish I had brought the camera."

On Friday it was their last evening. The Crouches and the Troughtons were leaving, too, and seemed to be in an especially festive mood. Trying to make less of their jollity, Deirdre worked hard at them now. She was animated, smiling at Bunny and raising her wineglass to her lips as if at some deep and secret understanding between them. She gave her dazzled attention to every word he said—as if his fascination for her was endless.

"What can she see in him?" Mrs. Crouch asked her husband, exasperated by curiosity.

"Or he in her?" "No, but I mean, to keep up like this? She must be very new to the game. Don't tell me any woman can find her husband as entralling as that all the time. Or any man his wife, for that matter. Well, the novelty has to wear off."

"I can't see why she has to try so hard. Don't look now. She just tapped him on the hand as if he'd said something risqué. Naughty, naughty."

"Perhaps she has to try so hard because they're not married. She may be in a very insecure position. He may have a real wife somewhere."

"We shall never know." "Well, they've kept themselves so much," Mrs. Crouch complained, taking her husband's arm. "She's kept him to herself."

When they had had coffee in the courtyard, Deirdre went upstairs to tidy her hair. The hotel lounge was being arranged for dancing, the chairs pushed back and the rugs rolled up.

She did her hair, put on an extra necklace, then went out on to the balcony, feeling suddenly limp, headachy. The dance band had begun to play. From below, she could hear the rhythmic beat which depressed her and made her feel nervy.

She wished that the even-

ing was over, or that they might go away from the hotel on another drive in a caleche—just quiet—and she and Bunny on their own; but she had not liked to suggest it.

At last, she went downstairs, and rather self-consciously made her way to the lounge. Bunny was dancing with the American's Moroccan bride, who was again wearing the lime-green shift. He looked miserable and embarrassed when he saw Deirdre hesitating by the door, seemed to be trying to send a message to her, as if to say, with his anxious expression, *Wait, I shall come to you as soon as ever I can.*

But she did not wait. She turned and went out into the deserted courtyard and sat down, shivering beside the fountain. Bunny found her there, nursing the little grey cat, for warmth and consolation.

"Did you see her face?" Mrs. Crouch asked her husband, as they reversed natively out of the way of the large bulldozing Troughtons. "He's

obviously not allowed to dance with other women."

"Certainly not with the second most beautiful woman in the room," said Mr. Crouch, gazing down at Brenda's faded hair.

"I couldn't avoid it?" said Bunny.

"Avoid what?" asked Deirdre faintly.

"He came up to me in the bar and insisted on buying me a drink. She was with him. We stood chatting. They are on their honeymoon. Then the band struck up. He said he didn't dance."

The fountain dribbled. A nightingale was singing. She lifted the cat and kissed its fur.

"It was the least I could do," he went on. He could not say how grateful he had been for someone else to have spoken to him at last.

"Will you come and dance with me?" he asked.

"I'd rather not."

"To please me," he implored.

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NOW AVAILABLE IN AUSTRALIA



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Fully imported DELROSA Rose Hip Syrup . . . Britain's most popular vitamin C product . . . is now available from chemists and health food stores throughout Australia. DELROSA is vitamin C from nature's richest storehouse—the 'rose hips' which grow wild on the English moors. Mothers use it for babies and growing children. Adults can take their DELROSA straight from the spoon, or as a delightful syrup over sweets. DELROSA Rose Hip Syrup; 6 fl. ozs., 72c (7/3); 12 fl. ozs., \$1.18 (11/9).



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THIS IS THE INTERNATIONAL SYMBOL OF THE WORLD'S BEST ... PURE NEW WOOL.
THE AUSTRALIAN WOMEN'S WEEKLY - March 2, 1966

A 15-minute *Beauty Plan* for every woman!



WHAT EVERY COMPLEXION NEEDS

A beautiful complexion is a woman's acknowledged heritage now that science has discovered a remarkable tropical moist oil with the ability to revive and preserve the youthful splendour of the skin. It is now possible to stimulate the natural supplies of oil and moisture in the skin so that the complexion maintains a petal-soft loveliness and dewy perfection.

This unique moist oil is isotonic in action so that it is completely absorbed as it is gently stroked into the skin. Women of all ages have found that by smoothing it over the face and neck each night, and using it as a powder-base by day, their complexions are provided with the ideal nourishment needed to prevent wrinkle-dryness and protection against wind, weather and cosmetic pigments. Because of its hygroscopic properties, tropical oil of Ulan assists nature further by replenishing moisture extracted from the upper dermic layer by evaporation, attracting moisture from the surrounding atmosphere and drawing it into the skin so that the complexion retains its youthful bloom all day long.

Vitalizing and Nourishing

From the early twenties, bed-time massage with a nourishing vitalizing night cream is excellent for keeping facial lines and contours firm and smooth. Apply the rich vitalizing cream to cheeks, forehead and throat and massage into the skin with upward, moulding strokes of the fingers. With feather-light movements, pat a little more cream into the delicate skin surrounding the eyes. Allow the vitalizing elements in the Ulan night cream to soak in, then remove the surplus with clean tissues. A skin well nourished in this way never loses its youthful, radiant qualities.

* * * * *

Shirley shows us her beauty routine that takes just 15 minutes to complete. Here the camera clicks away to

record how her special skin-care and make-up plan can turn a pretty face into a radiantly beautiful face.



Take 2 minutes for this

Good care of the skin is essential. Shirley uses a special dissolving cleansing milk over her face and neck, waits for its dissolving action lightly to lift and remove dirt and impurities from her skin. This beauty milk checks dryness, prevents keratinization (skin coarsening) and has a natural action that banishes sallowness. It gives Shirley's complexion a clear, satiny texture.



Just 2 minutes more

Tinted foundation matches Shirley's skin tone. She prefers the petal-flake technique, which creates a richly delicate bloom on her skin. She dots petal-smooth Evenmatt on forehead, cheeks, nose, neck, and chin and blends a light film of colour into her cheeks with her fingertips. A gentle blush of rouge comes next, artfully shaded over the cheekbones, and she fluffs a skin-matching loose powder over her complexion in a downward direction.



Then 4 minutes more

Now Shirley rinses and tones her skin with tepid water, pats dry, and tones her entire complexion with a mild lemon-toning skin freshener. She moistens a pad of cottonwool with Delph skin freshener and presses it lightly to the pores. Her complexion instantly responds to the refreshing action of the tonic lemons, which help to stimulate surface skin cells and close relaxed pores.



A final 3 minutes

Shirley pencils in her eyebrows with light, feathery strokes, blends eye-shadow softly along her lids so that it fades mistily upwards, and draws liner close to her lashes. She uses two thin coats of mascara on lashes, separates them when dry to make each lash stand out. Last of all, she applies a becoming shade of lipstick with a lip brush and after a moment blots her lips with a tissue.



Only 2 minutes for this

Shirley smooths a film of tropical moist oil over her face and neck to nourish and protect her complexion. This works beneath make-up to soak away flaky patches and eradicate tiny dry lines and wrinkles, giving her skin milky beauty. The Ulan also serves as an ideal powder-base, promoting the perfect application of make-up and enabling the complexion to retain a dewy petal-soft loveliness.



And a 2-minute check-up

All set, and not a second over the 15-minute limit! Shirley tidies her hair and takes a final glance in the mirror. Her face looks beautiful — and her make-up will last all through the long day ahead.

An exclusive beauty service is free to all readers.

If you write to the well-known beauty skin care consultant, Margaret Merrill, she will personally reply to you with expert advice devoted exclusively

to help you gain a new youthful and lovelier complexion. Margaret Merrill, Box 4614, G.P.O., Sydney.

A reader gives her way of dieting
by gradual cuts. She calls it . . .

Snipping round the edges!

● I've always enjoyed my food in perfectly normal fashion. Even as a child, I waded cheerfully through my spinach and drank up my nice milk without a murmur.

I NEVER had any compulsive urge to eat and until I was well into my thirties and had my third child I had no weight problems whatever.

Apparently I was the lucky type who could eat anything and everything and remain as slender—or skinny—as I'd ever been.

Then it began. Just the hint of a thicker waistline;

By

VIVIAN
MAXWELL

just the few extra pounds on the scales. My husband, too, who had been something of an athlete in his youth, found that with giving up a good part of the old exercise, and a sedentary life, his weight was gradually creeping up.

This was our diet in those days, much like your own, I dare say:

BREAKFAST
Porridge or cereal
An egg dish, or fish or
sausages, bacon, etc.
Toast and marmalade
Tea or coffee

MORNING TEA
Scones, biscuits, etc., with the
drink.

LUNCH
Something cooked—e.g.
Macaroni
Soup

Cheese on toast
Or cold meat and salad
Or a fried fish, etc., etc.
Plenty of bread and butter
Fruit

AFTERNOON TEA
Cake, biscuits, etc. (At one
time my afternoon "tea" was
four chocolate biscuits!)

DINNER
The normal meat, vegetables,
pudding
Coffee

SUPPER
A milky drink of tea.
Biscuits or cake.

(And there was usually a
packet of chocolate or bag
of sweets in the house.)

We decided to snip some-

thing off this list. Supper, we agreed, was unnecessary, just a bad habit.

Instead of having coffee after dinner, we had it later—about 9 p.m.—and cut out the other snack altogether.

Time went on and we were completely accustomed to the change. Our waistlines, however, continued to trouble us. Alone in the morning, I cut out eatables with the mid-morning tea and had a good strong cup of coffee instead—I don't take sugar.

I had a long fight over my afternoon tea, but at last I reached the point when I had the same as in the morning—a good cup of coffee and nothing else.

This meant I was down to three meals a day and no "bits"—no nibbling tit-bits while cooking or eating sweets or chocolate, except as an occasional treat.

Then one day my husband and I decided that porridge and cereals were only for the young. He still has a cooked breakfast, but I now only have tea and toast with perhaps a little fruit.

All this was spread over quite a long period.

Fixed habits

Eventually I began to cast suspicious eyes at my lunch.

"Only a boiled egg today," I might think—but what about all that bread, the peanut butter, the banana, and the slice of fruit-cake?

No. Two meals and a snack are ample for a fortyish matron, I declared firmly. Lunch became a light salad and fruit meal with cheese and maybe some small protein dish, especially in winter, but no bread or butter or carbohydrates of any sort.

Then the weekend. We DO have and enjoy afternoon tea on Sunday—the family day—but we have "brunch" that morning, which cuts out one meal and levels things up.

My weight keeps fairly stationary now, but the next snippet off may be the pudding course at dinner—and I do love cream and rich sweet sauces!

But when I look back and see the way I have come I am amazed, not only at the amount of food I once seemed to need but also how accustomed I have grown to the cuts we made and how they have become fixed habits with the minimum of trouble.

The day may come when I will wonder how I ever thought creamy puddings delectable!

Because it really is all a matter of habit.

NEW Femfresh assures intimate freshness



all day long

Almost every day a woman has reason to be concerned about her intimate hygiene. It is not just those days at that difficult time of the month, but it is almost always when she is away from home—far from a shower or a bath.

New FEMFRESH—the only product designed specifically for intimate cleansing—solves that problem once and for all. FEMFRESH could be called 'instant shower'. It's the fast, pleasant way to assure that just showered feeling always. And it comes

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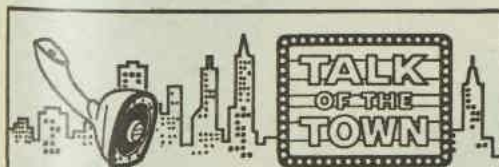
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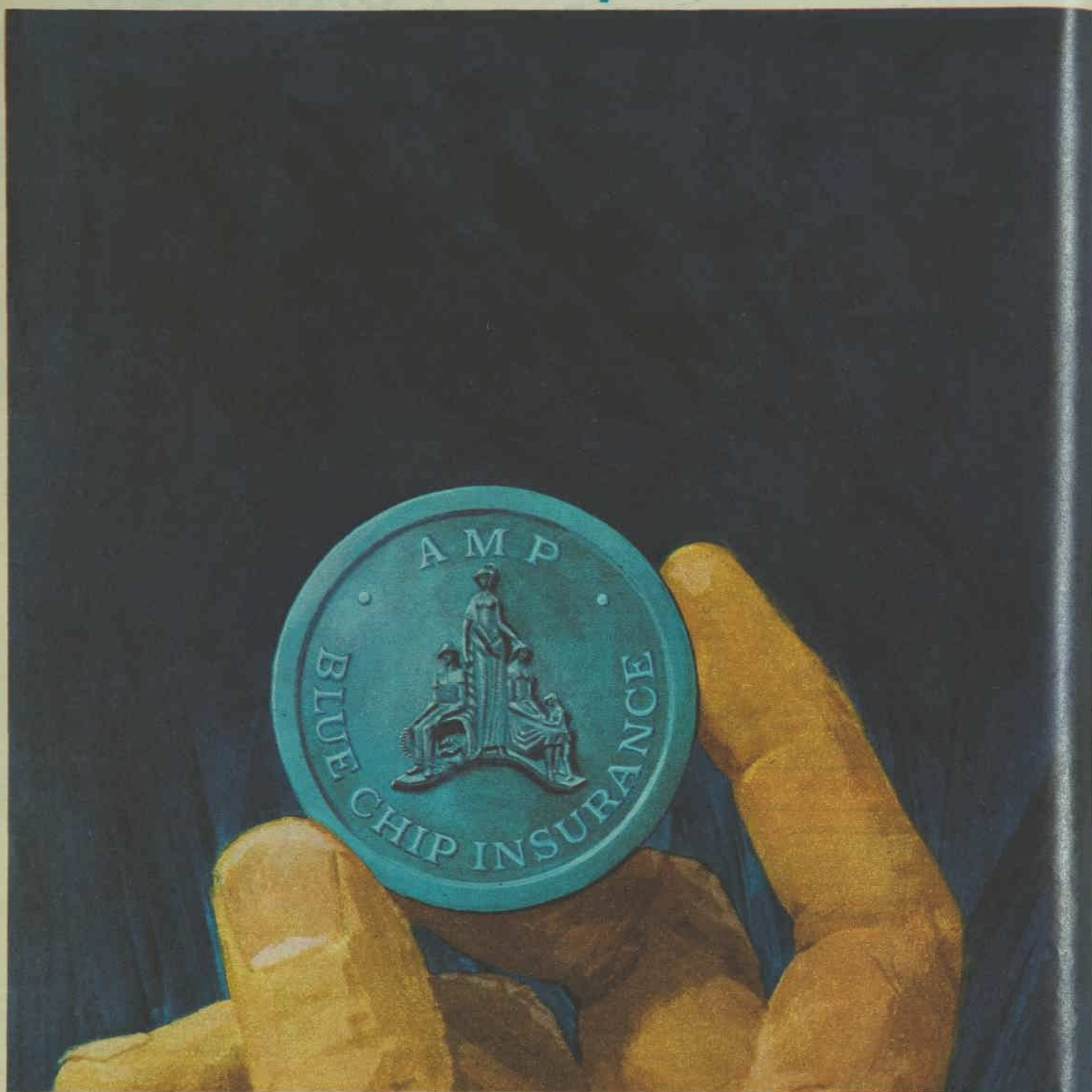
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A U S T R A L I A N M U T U A L P R O V I D E N T S O C I E T Y

ACCEPT
NOTHING LESS
THAN
'BLUE CHIP'
PROTECTION



AT HOME . . . with Margaret Sydney

● I wonder how many recipe books are published each year. There's a never-ending demand for them, and the annual number must be hundreds.

NOT bad — when you consider that an actually new recipe is one of the rarest things under the sun, and when the old tried and tested books such as Mrs. Beaton still sell to generation after generation of housewives.

The latest recipe book to catch my eye is a novel little number published in New York called "The Secret of Cooking for Dogs."

I hope it never comes to the attention of our venerable dog — he'd be likely to feel he'd been totally neglected for the past 15 years with nothing but milk for breakfast and ½ lb. of meat at night, together with odd bones and any unsuitable foods like cake and biscuits he can bully people into surrendering.

Poor pup. He has never had a chicken dish cooked for him, nor tomato and bean soup, nor macaroni salad, whatever that is.

The author of this book, Martin Gardner, says, "My cookbook is for people who truly love their dogs," and he includes 100 recipes, ranging all the way from bacon and eggs to shrimp special a la zotto. As I have never cooked that even for my family, I suppose it could be argued that I don't even truly love them!

For the expectant canine mother, Mr. Gardner recommends a diet rich in vitamins A and D and including butter, cream, eggs, spinach, cheese, tomatoes, carrots, liver, pineapple, peaches, and cod-liver oil.

He also urges that special dishes be offered on special occasions — after a bath or on birthdays.

One Park Avenue poodle he knows gets arroz con pollo (chicken with rice) after her weekly bath; a Madison Avenue boxer of his acquaintance likes to sit and watch boxing matches on TV "munching on a ham-and-cheese sandwich with a saucer of beer at her side."

Oh, yeah? Little as I've moved in high canine social circles, I do know one thing. No dog that wasn't suffering from a crippling neurosis would bother to cast a glance at a TV screen until it had wolfed down anything edible and attractive within sight.

Made-up dishes are

all very well, but . . .

THE author has had the help and advice of a veterinary surgeon, the American Kennel Club, and a dog research centre in compiling his book.

I regret to say there's not the slightest evidence that he sought the advice of any experienced canine gourmet or dog-about-town. All these made-up dishes are all very well, but apparently he has no knowledge of the really "top" dog dishes, despite his claim that his aim is to "please the palate of the most discriminating dog."

How about grease-proof paper peeled from the bottom of a fruit-cake? How about the string off a roll of corned beef, or foil-wrapped chicken scraps barbecued in somebody's backyard rubbish fire and lovingly carried home through half a dozen back gardens to be spread out on the lawn in your own?

Our dog, in his younger days, was an inveterate lunch-thief. If there were men working on the roads or building a house within miles of us, he'd get the wind of it, hunt them down, and stealthily remove an unguarded lunch packet and bring it home.

I've got a silver teaspoon to prove it! One day I found him dismembering a parcel on the back lawn. In it were sandwiches with their crusts cut off, a waxed-paper carton of jelly, another of custard, and a teaspoon.

Because of the sort of food I felt bad about this (I imagined some poor hungry man whose wife had given him this kind of lunch because he'd just had all his teeth out), but though I toured the neighborhood in the car when I went shopping I couldn't find anyone working anywhere.

Anyway, the food was beyond salvaging, and we've still got the spoon.

Sit with any sort of

non-poisonous pet

MIKE'S ambition at the moment is to be a professional dog-sitter. If you'd seen his report at the end of last year you'd probably agree it was a very good idea and about the limit of his capabilities.

He has been reading about the latest pet-sitting organisation in New York and he feels convinced that there is room for the same sort of service here. Somehow I doubt it.

Animal Sitters Unlimited will sit with your pet while you go out to a party or the theatre for a mere A\$1.15 (11/6) an hour. The "Unlimited" in the title means simply this — they'll sit with any sort of pet (dogs, cats, monkeys, parrots, fish, snakes, crocs, or zebras, provided they are non-poisonous).

My own feeling is that this would be a much duller world if there weren't such zany people in it. I'm delighted by the thought of anyone being so crack-brained as to think fish might get lonely swimming about in their tank.

Animal Sitters Unlimited's specialty is arranging parties for dogs who have no friends. They send out invitations to a number of well-behaved dogs they know, provide an

iced birthday cake, dog candy, dog biscuits, small paper hats, and noise-makers, though "usually the pets make enough noise themselves."

On the more practical side, they will, for A\$2.70 (27/-) a day, feed and water and exercise pets while the owners are away. One of their greatest problems is the pet-owner who hires them to pet-sit for an evening and expects them to baby-sit at the same time. This, they say plaintively, is not fair, and should be worth at least an extra A\$1.15 (11/6) an hour.

I would love to hire a pet-sitter for our dog. He would be so incensed at a stranger being in the house while we were away that we would almost certainly have to rescue the sitter from the top of the nearest tree when we came home.

It's true that lots of people have more money than sense, but I still think Mike would be well advised to devote a little time to mathematics and English in the next few years.



Made in Australia since 1921

Believe it or not, there are still a few people around who think that BAYER ASPIRIN is *not* made in Australia.

As the manufacturers of BAYER ASPIRIN, we thought it might be timely to run this special advertisement to make it clear—once and for all—that the BAYER ASPIRIN tablets you have been buying, and using with satisfaction over the years, *are made right here in Australia, and have been so continuously since 1921.* In fact, if you look closely at the package in your medicine cabinet, you will see plainly printed on it, "Made in Australia since 1921."

BAYER ASPIRIN, in other words, is made *for* Australians . . . by Australians.

You might like to know that we make and sell more than 100 million BAYER ASPIRIN tablets in Australia every year. We think that this is a pretty good indication that a lot of people *prefer* BAYER to any of the other pain relievers.

BAYER ASPIRIN is made *up* to a standard—not *down* to a price. You can, of course, buy cheaper brands. But if you want the superfine grade of Aspirin . . . tableted to exacting standards, which are equal to any in the world . . . if you want a quick-dissolving (10 seconds) and fast-acting Aspirin . . . BAYER is your brand.

Next time you are buying Aspirin . . . buy BAYER. And please do so with our positive assurance that you are buying a product that is *made in Australia* . . . for Australians.

BAYER ASPIRIN is available in five sizes:

20's	24's	36's	50's	100's
2/- (20c)	2/3 (22c)	3/3 (32c)	4/3 (42c)	7/3 (72c)



BAYER PHARMA PTY. LTD., SYDNEY

G31.12.65

● HOUSE of the WEEK

THEY BUILT A "CHILDPROOF" HOME



SPACIOUS sunroom measuring 49ft. x 16ft. is the most used area in Mr. and Mrs. Joseph Guss's Melbourne home. It is the children's play-room, the setting for family meals and informal entertaining. Cupboards with sliding cane-panelled doors hold built-in bar, stereo, radio, sewing-machine, and space for toys. Stairs shown in the background lead to a separate wing containing five spacious bedrooms.

● Mr. and Mrs. Joseph Guss, of Kew, Victoria, believe they have the perfect family house. As well as being waterproof, draughtproof, mouseproof, and burglarproof — it is also childproof. Windows, walls, furniture, and fittings are practically immune to children's wear and tear.

THE house, set in a valley at Kew, Victoria, was planned by Mr. and Mrs. Guss in accordance with their belief that a house suited to children's needs and activities makes life easier for young parents as well as their children.

"There is less tension in such a house," said Mrs. Guss, the mother

of three young children. "The children are happy and my work is made easier. Maintenance is not as high as it would be in a house where there are no special safeguards or facilities for children."

The children's play and sleeping areas are divided from the wing occupied by their parents. Interior walls are mostly of limed plywood, varnished to give a washable surface. Furniture is at a minimum and in dark colors for practical wear, and most of the floors are

covered in cork tiles. ("They are warm on the children's feet in winter and don't show wear or tear," said Mrs. Guss.)

Safety glass

All glass in the house — and there is a lot of it — is plate-glass for safety. Cane panels in the sliding doors, which disguise a bar, built-in stereo and radio, are backed with hardboard so that prying fingers cannot poke holes in the cane. Built-in bedroom cupboards

were designed to grow with the children. Shelves are adjustable.

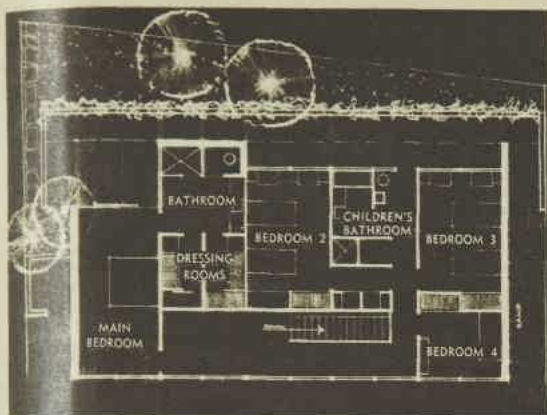
When Mrs. Guss and her solicitor husband built their home, they decided that as well as being childproof it would be expandable.

They bought a hilly block in a choice valley overlooking the edge of the well-known "Raheen" estate. The block sloped 45 feet, and the thing that really sold them was the magnificent 60ft. gum tree spreading its branches over half the block.

"The tree is absolutely marvelous the way it cools rooms in the summer," said Mrs. Guss. "We couldn't live without it in the hot weather. But for the tree we would have had to have less glass in the house."

Mr. and Mrs. Guss built one section of the house — 17½ squares, which was as much as they could afford — then two years later an extra wing, which gave the house a total area of 40 squares.

Continued overleaf



PLAN OF UPSTAIRS BEDROOM WING



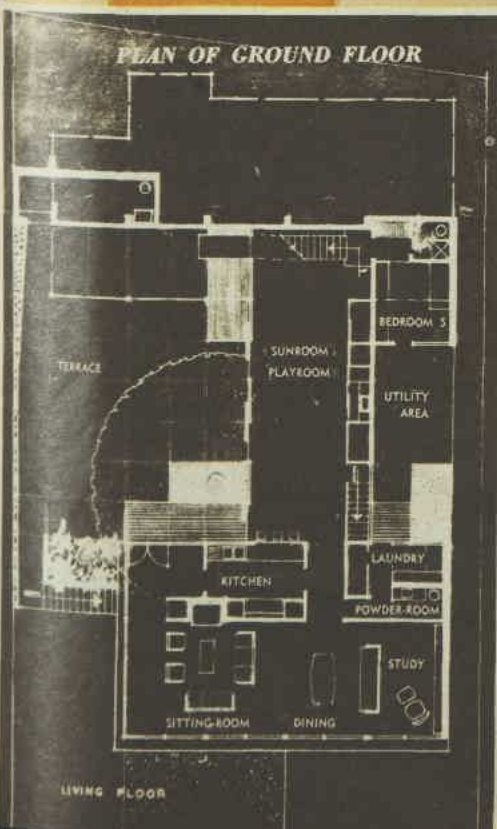
MAGNIFICENT gum tree (above) shades house and wide rear patio, which is also children's outdoor play area. Mrs. Guss and daughter Marilla are standing outside entrance to sitting-room. Unbreakable glass sliding doors at left lead to sunroom.



MRS. GUSS in her kitchen (left) near baking bench where all appliances are plugged in, ready for use, in cupboards with sliding doors. Alcove, in foreground, finished in limed plywood, as are all walls in the house, holds Mrs. Guss's desk.

FRONT of house (below) with glass-fronted sitting-dining-room, study, and kitchen above carport. House was designed round 80-year-old tree, and bedroom wing (jutting out at left) added two years after completion of front section of building.

Pictures by Les Gorrie



The original house was a large living-dining-room, 10ft. x 16ft. sunroom, two bedrooms, and one bathroom.

Today the master bedroom is Mr. Guss's study and the sunroom and second bedrooms have become part of the 40ft. x 16ft. sunroom-playroom. The original bathroom has been turned into an open area for built-in ironing cupboard, dryer, and folding bench.

There are now five bedrooms, situated in a separate wing at the back of the house, and three bathrooms and a powder-room.

"Extensions to the house proved quite easy," said Mrs. Guss. "Walls were built so they would

simply fall out when the time came for additions. However, builders did have difficulty getting materials up the slope. They had to build a little cable car."

Mrs. Guss finds the large house easy to manage.

"Having a place for everything makes housework easier. For instance, in the cupboards in the sunroom we have a special sweep-in toy cupboard — every house should have one."

"If the children have been playing with their toys and I'm expecting guests, I just sweep everything into the cupboard and sort things out later."

Life in the house revolves round

the sunroom. This joins the kitchen, has one wall of glass sliding doors opening on to the patio, and includes two staircases — one to the basement storeroom and the home's wet-weather entrance, and the other to the bedroom wing.

(A gate seals off the basement staircase and this locks with a child-proof catch which even a seven-year-old cannot undo.)

The sunroom is also the setting for family meals; a general entertainment area ("It's just the right size for charity functions, which are often held here"); can be used in winter as a playground ("The children ride their bikes up and round"); the setting for the family

grand piano ("My husband plays very well").

Mrs. Guss had a big say in the design of her house. She planned the laundry and its fittings and her kitchen—"I didn't want it to look like a kitchen but part of the house."

The kitchen commands a view of most of the house, back and front, the terrace, and even the spot where the children play in the next-door neighbor's garden.

Mrs. Guss is a good cook and has a small but efficient kitchen. On one side a baking bench is set between a wall oven and refrigerator. On the bench, but hidden behind sliding doors, are her electrical appliances — all plugged in ready for use.

On the other side of the narrow

kitchen is a preparation bench with hotplates and a serving bar opening to the family eating area.

The children's bedrooms and bathrooms are just as practical. Instead of a single bathroom there are three adjoining rooms with separate shower, handbasin with bath, and handbasin with toilet.

Bedrooms are all double, with two lights, space for two beds, and homework benches.

And because of her ingenuity Mrs. Guss saves herself many a fruitless walk down and up the steep front path of her house.

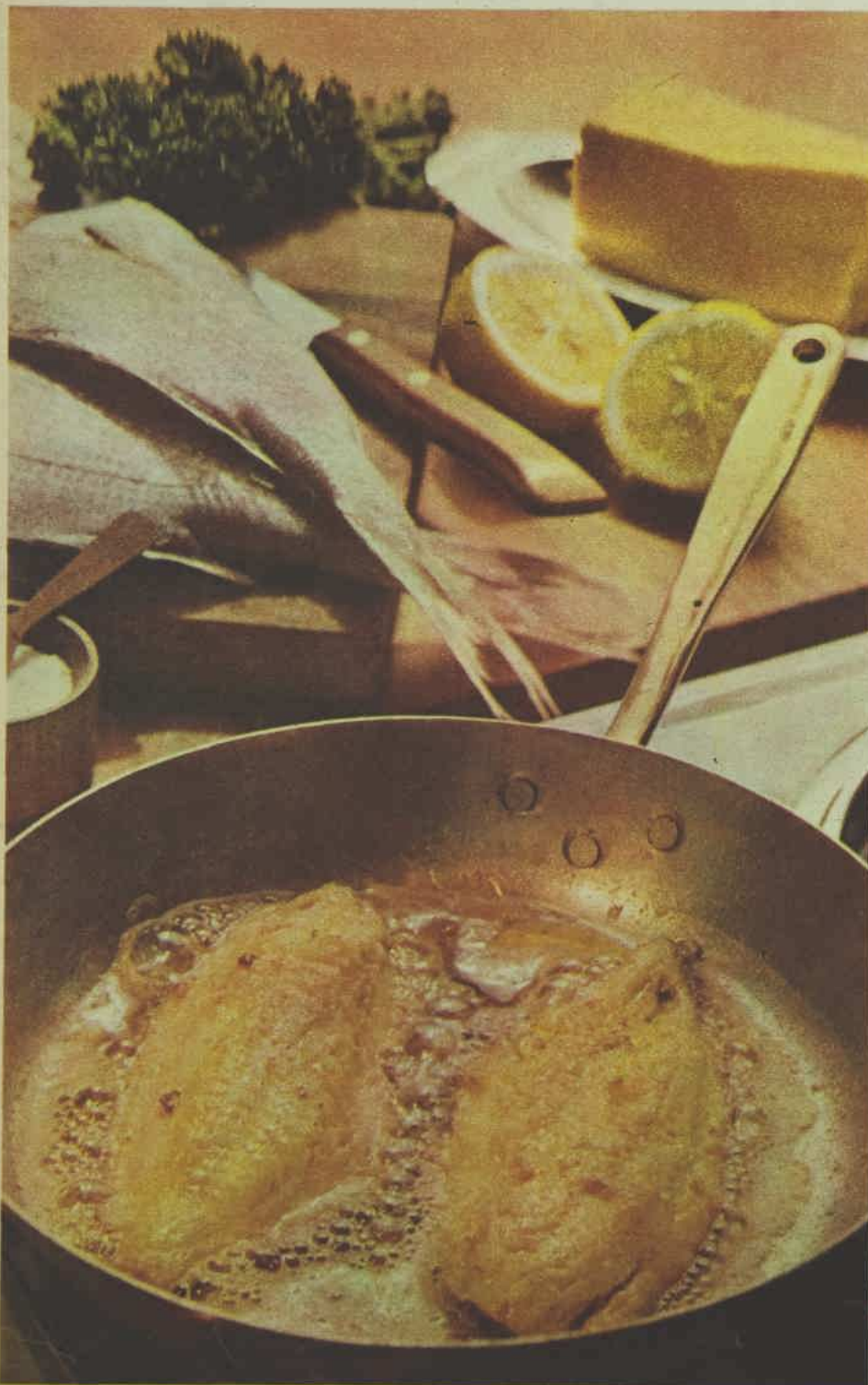
She had a glass window put into the back of the letterbox so that from the sitting-room window she can see if the postman has called.

— Claudia Wright

"Sizzle-cook" fish in Butter

...better than batter!

FROM THE DAIRY FOODS TEST KITCHEN



The sight... the sound... the taste of fish "sizzle-cooked" in Butter is something to enjoy—whether you're cooking fresh-caught fish by a stream or seashore, or in your own kitchen. Butter and fish 'belong' together—only Butter imparts such flavour, adds so much nutrition. The low frying temperature of Butter doesn't toughen or harden delicate fibres; the small amount required makes it economical, too!

Small whole fish, fillets or fish cutlets may be placed straight into sizzling butter in pan and fried over gentle heat, turning to brown both sides and cook through. **CRUMBED**... Lightly flour fish, dip in beaten egg and dry crumbs before frying in butter.

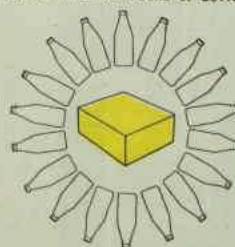


BAKED, STUFFED... Try baking larger fish whole. Fill with stuffing, dot with butter and seal in aluminium foil. Bake in moderate oven.

Fish Stuffing: Sauté small chopped onion until clear in 2 tablespoons butter. Add 2 slices bacon (chopped), fry lightly. Combine with 2 cups chopped cucumber, 1 cup soft breadcrumbs, salt, pepper.

Serve fish with lemon, or try one of these savoury butters—**Anchovy Butter:** Blend 1 teaspoon anchovy sauce with 2 oz. butter, 1 teaspoon lemon juice. **Parsley Butter:** Cream 2 oz. butter, mix in 1 dessertspoon chopped parsley, 2 teaspoons lemon juice.

IT TAKES THE CREAM FROM 18 PINTS OF MILK TO MAKE ONE POUND OF BUTTER!



Inserted in the interests of better nutrition by the Australian Dairy Produce Board.

IN THE SUN

Continued from page 34

Carefully she put the cat down, brushed her lap, and went before him to the lounge.

Bunny was quite deft at all the old-fashioned dances. Deirdre was taken into his arms as if into a stranger's embrace. She had no sense of rhythm. Stiffly she shuffled, stumbled, blushed. He smiled gallantly and held her tighter, guiding her as adroitly as he could.

To make up for everything, she smiled. She smiled until her cheeks ached. Then she whispered, "After this, can we go for a walk?"

On the next day, on Saturday, the new, pale intake from the north began to arrive. The porter left bringing down luggage for departing guests and piling it up in the hall—suitcases, and other loot such as camel saddles, rolled-up rugs, and brass trays.

The Crouches and Troughton came in from their last sunbath, and there were the Wallaces in the hall, ready to depart. At this moment, the American came leaping up the steps with an armful of lilies, and just as Deirdre was going through the hall door he put them into her arms and said, with the most beautiful smile, "In homage!"

Mrs. Troughton took off her sunglasses and stared at him.

He had gone down the steps and opened the car door for her, and Bunny wrote something on a piece of paper and handed it through the window.

"In homage!" Mrs. Crouch repeated unbelievably.

None of them had talked to the American before. His honeymoon state seemed to have insulated him, but when he came back into the hotel, Mrs. Crouch could not contain herself. "Everyone departing," she said dramatically, throwing wide her arms. "After lunch, we're off ourselves."

"I hope you have a good trip," he said politely. He was still holding the piece of paper in his hand.

"Kind regards, Gerald Wallace Morocco '64," Mrs. Troughton, a little behind him, read.

"For my young brother," he said, waving the paper. "Sure he'll be thrilled. I nerved myself last night and introduced myself. Maybe he

To page 43

THE BOYFRIEND



"The new decimal currency doesn't affect me—I'm still broke!"

IN THE SUN

gets tired of that, but he was pleasant all right, very pleasant."

"Gerald Wallace," Mrs. Crouch said faintly. "But how did you know?"

"Well, there's the face in the photographs, and the name."

"Gerald Wallace?" Mrs. Troughton said, when the American had left them. "Well, really! That Bunny business put us off the scent. To think that Ralph's been reading his book all the holiday — carrying it around, anyway! Where is it, my love?" She took the paperback and looked at the photograph on the cover.

"That must have been taken at least fifteen years ago. All that hair! Well, who would have thought it. How can that man have recognised him?"

"Well, he did," said Mrs. Crouch rather snappily. This was the nearest she had ever been to a celebrity, and she had let him slip through her fingers . . .

At lunch — since it could not now create a precedent — the Crouches were invited to join the Troughtons at their table.

They could talk of nothing else. "I wish I'd asked for his autograph," said Mrs. Crouch, the most incredulous of them all. "Oh, the girls would have been fascinated, intrigued. Of course, Janice has got Sir Malcolm Sargent, you know. I could kick myself."

"It's awfully odd, really," said Mrs. Troughton. "Such a mild, henpecked little man, writing all those exotic stories."

"How does he get off the chain to find out about the underworld — all that violence?" asked Ralph Troughton.

"To think it's the last meal," said his wife, gazing out of the window at the familiar scene, so soon to be a thing of the past.

"All those spies and loose women, Buenos Aires and those sorts of places. Casablanca, Monte Carlo."

"We didn't get to Casablanca after all, Ralph," said Mrs. Troughton.

"International harlots," said Mrs. Crouch, flushing with excitement.

"The last dates," said her husband, taking a few.

"Well, we have tripped up," his wife said, in a more resigned voice. Then, as if suddenly she couldn't get home fast enough, she put down her napkin and asked, "Have we time for coffee?"

SHE was back in Guildford in her mind, all the tireless travelling suddenly over, and she was saying to the girls, and her daily help, and her friends at the bridge club, "Now you'll never guess whom we met on holiday. Staying in the hotel." They would never guess, and when they were told, they would crowd in with questions that she would be able to answer.

"Now, you've got our address," she said to the Troughtons.

"And we shall never forgive you if you don't drop in any time you're in Guildford."

Mrs. Troughton let it go. Dreamily, she peeled an orange — knew that she was unlikely to be in Guildford, whereas everybody was in London at some time or another especially in the part in which she and Ralph had their flat.

The Crouches went upstairs to finish packing, and Mrs. Troughton smiled at her husband as if to say, "What odd people! But it's over now." They would certainly go out to see them off in the car, before they got ready to leave themselves; but really the Crouches had already changed into shades — like the Tillotsons in Majorca and those people whose names they had forgotten in Gerfu.

Guildford was gloomy, an anti-climax. The sun-lounge was dark and the large windows streaming with rain. The girls were glad to see their parents, and they listened dutifully — even appreciatively —

A Li characters in serials and short stories which appear in The Australian Women's Weekly are fictitious and have no reference to any living person.

to the holiday stories. A most united family.

The very next morning, after their homecoming, Mrs. Crouch went out to the public library to look up Gerald Wallace in "Who's Who": Wallace, Gerald, author: b. July 3, 1912. Looked older, thought Mrs. Crouch. What a long list of books! European War—dispatches three times. Who would have thought it? We were as wrong as could be, Mrs. Crouch decided, peering at the rather small print, her finger underlining it. So very wrong. It was twenty-seven years ago that he had married Deirdre Imogen Burnett — his one and only wife.

Mrs. Crouch left the library, put

up her umbrella, and picked her way through the streets to the coffee-shop.

"Goodness, how brown you are!" her friends said enviously, who were waiting for her among the horse-brasses and copper warming-pans. "Did you have a marvellous time?" they asked.

She sat down and drew off her gloves, smiling as if to herself; then she raised her head and looked round the table at her friends' pale faces and, "Guess," she began, "guess who . . ."

(c) 1965 by Elizabeth Taylor. This story is from a collection of short stories entitled "A Dedicated Man," by Elizabeth Taylor, published by Chatto and Windus.

LULUBELLE



"Let's ask if they have it in the Super Petite Extra Small Woman size!"



Here's a superb salad to have as a main course for lunch or dinner.

How to serve a salad that's spicy-sweet and Spanish

Easy—with KRAFT Catalina Dressing. That sunny, Spanish flavour comes from juicy sun-ripened tomatoes, salad oil, two fragrant vinegars and a clever choice of spices. Serve this Spanish Salad, rich with the flavour of KRAFT Catalina, for lunch or dinner.

Spanish Salad: Fill a salad bowl with well-washed lettuce leaves broken into pieces; wedges of tomato and quarters of hard-boiled egg, reserving some tomato and egg for the top. Place stuffed olives in the centre and arrange tomato wedges and quarters of egg around the edge. Garnish with a few onion rings. Chill. Pour over KRAFT Catalina Dressing just before serving. Easy isn't it? And, it's eating Spanish-style at home. KRAFT Catalina is one of the 5 great international KRAFT Dressings. Try the others, too!

Go International with **KRAFT** Salad Dressings

*Reg'd Trade Mark KRAFT



plump luscious prunes give that modern touch to summer salads

PRUNE SALAD SUPREME

...a wonderful new way for your family to enjoy plump, juicy, sun-ripened Prunes! It's cool, tangy and delicious—a salad that fairly sings with flavour and goodness. It looks beautiful, tastes even better...yet it's so easy to prepare.

HERE'S WHAT YOU NEED

4 rounded tablespoons powdered gelatine
8 tablespoons cold water
3 cups hot water
1 teaspoon lemon essence
1 cup white sugar
few drops green food colouring
2 cups Prunes
2/3rds cup diced orange or cantaloup pieces
2/3rds cup diced apple or canned pineapple pieces
1/2 cup celery pieces
12 stuffed olives
Lettuce for garnishing

HERE'S WHAT YOU DO

Step 1. Soak the gelatine in cold water for five minutes.
Step 2. Dissolve the soaked gelatine in hot water with the lemon essence, sugar and food colouring.
Step 3. Cool the mixture.
Step 4. Place the salad mould in a small amount of cold water (or preferably on crushed ice) and coat the sides of the mould with a little of the jelly mixture. This makes it easier to turn out the mould when set.
Step 5. Using the various fruits and celery pieces, arrange a pattern in the bottom of the mould.
Step 6. Cover the pattern with some of the gelatine mixture and allow it to set before arranging another layer of fruit and celery.
Step 7. Continue in this manner until all ingredients are used.
Step 8. Chill the mould or stand it aside in a cool place until the jelly mixture sets firm.

Step 9. When set, dip the mould quickly in and out of hot water and turn the salad out on to a bed of crisp lettuce. Garnish as desired.

You may vary the Prune Salad Supreme by adding other complementary fruit or vegetable pieces with the prunes



AUSTRALIAN DRIED FRUITS ASSOCIATION



GERBERAS

By R. H. ANDERSON

UNDER the hands of the hybridists, gerberas have come a long way from the plants with small red flowers found growing naturally in South Africa.

The flowers, large now and strongly stemmed, are in many shades of red, orange, and yellow, as well as white (combinations of several shades may occur in the one flower); and splendid double blooms have been developed.

Gerberas revel in daylong sunshine in a warm or hot climate. In Melbourne they need the warmest and sunniest position in the garden.

They can be grown in any reasonably fertile soil, but the most suitable are medium or sandy loams. Good drainage is essential; many failures are due to poor drainage or overwatering.

In heavy soils it may be necessary to raise the beds above the general ground level and add sand to ensure freedom from waterlogging.

Dig the soil deeply and add well-rotted manure or compost.

Young plants are best planted from September to early December or in March and April. Place them 15 to 20 inches apart.

Propagation is by seed or dividing established clumps. Division is more reliable in obtaining true-to-type stock, and is also easier.



"ROYAL RED" gerberas (from the Summerland Nursery, at Mullumbimby, N.S.W.), arranged by Mrs. W. J. M. Pigot, of Marrickville, N.S.W., in one of the exhibits at a flower show held recently in Sydney.

Gardening Book, Vol. 2 — page 309

Old clumps should be divided every two or three years. The best time is September or October, although if you have missed this period March is also quite suitable.

The best crowns come from the outer part of the clump. Each crown should have at least four attached roots.

Remove the top half of the leaves with scissors or sharp secateurs. The new plants can be placed directly into their permanent position in the garden or started in a sandy nursery bed.

Most gerbera specialists are emphatic that the crowns should not be covered

each plant, can be given in spring and summer every four to six weeks, or a good application every year, early in August and March.

Nitrogenous fertilisers, such as sulphate of ammonia, should be used sparingly, as they can encourage too much leaf growth. If foliage growth is too heavy, remove some of the older leaves, leaving about 12 on each plant. This helps flower production.

Mulching and animal manure can be used, but keep it well away from the crowns.

DISEASES

Gerberas have their share of diseases and pests. Crown rot is not uncommon and is usually due to poor drainage. There is no cure.

Leaf-spot, which appears as brown more or less circular patches, can be controlled with Zineb, spraying regularly every three or four weeks.

White rust is prevalent in some districts, especially in late winter and early spring; it appears as white blisters under the leaves.

Spray fairly often with weak lime sulphur (1 in 80). Burn infected leaves.

Wilt, which causes the collapse of the whole plant, has no known treatment, so destroy the plants.

It is caused by a soil fungus. The main insect pests are mealy bug, red spider, and aphids. Spray with a suitable insecticide.

Greening of the flowers is not uncommon. The most serious form is where the plant develops large green buds which never develop into flowers.

This is caused by a virus spread by insects, and if it appears in a bad form there is nothing to do except cut your losses and destroy the plants.

IN VASES gerberas last 10 days or more. Cut the flowers when fully open and put the stems in hot water for about 15 seconds. Change the water every day or so. Some people recommend cutting the stems in a slanting direction, and slightly shortening the stem at each change of water.

when planting, and should be kept free from soil thereafter.

Usually it is maintained that covering the crown may encourage crown rot, but this is doubtful. However, it is best to follow the usual practice in this respect.

Watering will vary according to local conditions. During dry weather in spring and autumn when growth is active a thorough weekly watering is desirable.

Don't water during winter unless exceptionally dry.

A light application of a complete fertiliser, say one or two ounces to

Gardening Book, Vol. 2 — page 310

Cut out and paste in an exercise book

Plenty more
where this
one



One of the nicest things about a cold glass of Duet, is that there are twenty more glasses where the first one came from.

Duet is the Orange and Lemon Fruit Juice Cordial by Schweppes. It's made

with real oranges and lemons, so it's true to the fruit. There isn't a simpler way to flatten a big thirst . . . or twenty-one big thirsts.

All you need is a tap, a glass, and a bottle of Schweppes Duet.

came from.



"Well it is silly of you," said Edith, "after having talked to me so often about it, and bothered to come into my house, and sat on the drawing-room sofa to make arrangements, and now you seem not to care for it a bit, just because your people are not in the neighborhood; and, besides, I was getting quite excited about it!"

"If you had only a little more reason in you," said Burke, "you might take it all in and understand a bit, but you are such a great stupid, so I must leave it alone and wait till I get a chance to speak to Mrs. Molvern about it — she has got a bit of sense in her if you haven't," and his revengeful face made poor little Edith shudder.

Indeed she was now too frightened to answer, and she kept on trying to go home every time she got the chance, but Burke's quick eyes caught her every time.

Edith walked on slowly in front thinking what was the best way to cheer Burke out

Continued from page 29

of his most moodful mind. At last she hit on a plan.

"Burke," she said, "I have painted such a pretty little tray, it will just hold a cup of tea and a plate of toast and the paint is quite dry now, if you will come in and have a cup of tea with me to-day, I will gladly show it to you."

This short but cheerful conversation of Edith's made Burke quite forget their quarrel, and he turned round and said, "I will willingly come Edith, I know your good painting — hark, there is four o'clock striking now."

"So it is," said Edith pulling her hat more over her fringe.

Burke and Edith walked down the quiet little village in which their houses stood. At last they arrived at Edith's house which was much prettier than Mrs. Molvern's.

"Don't you think," said Burke as he advanced to it with firm stride, "that you had better ring the bell, as you have a visitor with you?"

"Oh no," said Edith, "my mother would be sure to say if she knew it was I, that I was never to ring again, giving all that trouble to the servants; it isn't as if you were alone."

"Very well," said Burke, "I only thought perhaps it was best."

Edith smiled at him as she went up the front door steps. She led him into her pretty little bedroom to take off his things while she took off hers.

"How very comfortable all looks," said Burke, "I feel quite inclined to write a note at that pretty little table there."

"Oh, indeed, but you shant," said Edith just beginning her snappy temper, but Burke forgot to reply to her.

They then went down and had some tea and Burke much admired the pretty tray of Edith's. They had for tea some cold ham (the remainder of the luncheon) some toasted buns, a sago pudding, a dried bloater and a couple of shrimps.

After this Edith threatened to hate Burke if he would not arrange about the marriage.

"Look here, I wish you would talk of something else," said Burke, "I have a good mind not to marry you at all."

But at this Edith clung so wretchedly to his knees that he had to say, "well, tomorrow morning."

So that next morning Burke walked along down the village trying to make out where his own dear Edith could be.

Just as he was thinking of going up to her house he saw Nora Mackie and Evelyn

Slattery coming along together.

"Your friend," they said chaffingly, "is picking old geraniums in the front garden."

Burke stared at them straight and putting out his tongue once or twice, walked on to find his darling pet.

"I wish my sister Mary was here," echoed Evelyn, "she would soon strike out at you." And they walked on grumbling at his impudence.

CHAPTER 2 MARRIAGE

"Well pretty dear," said Burke as he approached Edith's garden.

"Angel! I have been waiting for you to come and talk about the wedding."

"Yes I am perfectly settled," said Burke, and he began: "I have written to my people and they have written back to say yes I may marry you, and kind Mrs. Molvern is having such a nice wedding suit made for me, and I think we will be prepared to receive the Sacrament of Matrimony next Thursday."

"Thank you so much," said Edith. "Suppose we talk about it now here on this sunny bench."

Burke lifted up his coat tails and squatted himself down.

"The first thing to find out about," he said, "is about ask-

best congratulations on your coming marriage.

I am, Your affectionate priest Father Fenty."

So on the following Thursday Burke and Edith were dressed as I shall mention now. The timid darling lady had on a most lovely sky blue colored dress with a high bustle, and it was blossomed over with sham daisies tied on with green ribbon.

On her head she wore a wreath of yellow roses, and her white veil reached down to the top of her stays. White kid gloves, and as the sleeves of her dress were rather short, her red beef colored hands showed between. She had pretty white velvet boots with grass green buttons, and washed out red stockings. In her hand she held a bunch of green ivy.

The strong and bold bridegroom wore a red swallow-tailed coat, with a green silk sash tied in front. He had black knickerbockers and white woollen socks, and black dressing slippers, and he carried a bowler in his hand.

When they arrived at the church the marriage was splendid, but the bare legs of Burke were not much appreciated.

For the wedding breakfast they had several cups of Bouillon Fleet and eight of Bovril. They had six Vanilla cream puddings and strawberry jels by the score; but they kept the blinds down in case vulgar

Special people (you) deserve a special toothbrush (Tek). Only Tek has Anti-Germ built-in germ-fighting action!



Johnson Johnson



74151



ing Father Fenty to marry us."

"Yes, now I have hit upon a plan this very minute," said Edith. "You will write a letter to him. I have got a rather crumpled bit of paper in my pocket, and as most men have got a pen in their pockets, most likely you have got one."

"Indeed I have," said Burke, "and a threepenny blotter too."

As for ink, Edith had a half-penny bottle in her pocket.

So Burke began like this: "Dear Rev. Father Fenty,

"I hope your kindness does not mind marrying us Miss Edith Plush and myself. We are both capable of receiving the Sacrament of Matrimony on Thursday next if quite convenient to you. Hoping you will excuse my craving for Matrimony.

Yours sincerely,

Thomas Henrick."

Burke told Edith's maid to run to the Presbytery with the letter and wait for an answer. About a quarter of an hour afterwards this exquisite and most graceful letter came from Father Fenty.

"Most Dear T. Henrick, On Thursday I am free from all engagement and am most willing to marry you, and give a charming wedding breakfast in my lovely harmonium room. So with my

little boys should loom in and say "give us a slice," while the leg of pork was being cut.

For their honeymoon they went to the south of India, and several hours after they got there they had two twin babies, a boy and a girl which they called Abraham and Sarah, because they were fond of those holy saints.

So we will say goodbye to this two chaptered story.

(Copyright)

French Postiche

Henry Guernsey



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caribbean gold
doesn't
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THE NATURAL LOOK
by **napro**

THE RICH GIRL WHO WALKED OUT

"It's the old lady I wanted to talk to you about. Did you know they left her hanging in the dining-room?"

"You mean the big portrait, Joe?"

"Yeah," said Joe. "The boys who are razing the building want to know what to do with her."

"I can't believe it."

"Then go down and see for yourself. There she is—bigger than life."

"You're not going to print this, Joe?"

"Of course I'm going to print it. Those kids need a good hard kick in the pants—all four of them—walking off

and leaving their grandmother behind."

"Joe, you can't do this."

"Why can't I? Because you're still in love with that little twirp?"

"You're a pal, you are."

"I'm a buddy-buddy," said Joe. "Sure we went to Trinity together and we're fraternity brothers. If I get into any trouble, I'll hire you. But I'm running a newspaper and this is a story."

"OK, Joe. Goodbye."

"Wait a minute, junior. Don't get sore."

"Then give me a week to find out about this."

"OK, Bill. One week.

What'll I tell the boys to do with the old lady?"

"I'll go down right away and take care of her."

They had the roof off the building and the ropes up to keep trespassers away from the danger area, but the grounds were virtually untouched, and Bill felt a twinge of homesickness as he parked his car in the driveway. This had been a happy house, full of laughter and gaiety and the rustle of party dresses and the tinkle of crystal.

It was a house in which there was always music and where every member of the family took part in the singing of hymns and carols. To

Bill, who was Bud Whittemore's best friend and a constant visitor to the house ever since he could walk, it was a picture-book castle where the lovely, fair-haired, tomboy princess lived.

He walked slowly up to the entrance and the memories of years began to crowd in on him. There was the Christmas when he was twelve, the year he went away to school for the first time. He remembered that it was snowing when his father drove him out to the Whittemore place for the annual Christmas Eve party. In the snow the big granite mansion sparkled like a huge diamond. Lights shone

through trees that were laced with snowflakes.

When the door opened on the great hall, it seemed as though a thousand candles ringed the room with flickering shadows. The candles were reflected in the mirrors, and everywhere you looked there was a flame. It was a sight he would never forget.

That was the Christmas when he noticed Rachel's portrait for the first time. She was sitting beneath it, at the head of the table, as he walked into the dining-room. It was a traditional holiday dinner for the family. The children were having their party in another part of the

house, but Rachel had asked to see him.

She held out long, thin arms to him and gave him a welcoming embrace. "We've all missed you, Billy boy," she said. "Let me see how tall you've grown."

It was the same room that he walked into now, only now the room was bare. The walls were streaked and dirty, chunks of plaster from the heavily scrolled ceiling littered the floor, several of the tall windows on the river side had been smashed, and the great centre chandelier was chattering and clinking from the blows of the wrecking crew overhead.

Bill walked over to the portrait and looked up at Rachel's strong face. Did he imagine it or was she returning his glance with an expression of great indignation? This was her home, and she had intended it as a haven for her progeny.

It was built like a rock to survive for many generations. It never could have been torn down during her lifetime, no matter how many changes occurred, sociologically, or even economically. The fact that she was a member of an almost extinct species of American society would have held little interest for her.

Bill remembered that she always wore taffeta and that she liked band concerts. The vogue for both had died long before she did, but to the end she had her costumes made of her favorite silk, and during the summer months there was a band concert on the Whittemore front lawn every Sunday afternoon.

There were very few Rachel Whittemores left, and they were scattered now. You

FROM THE BIBLE

● Salt is good: but if the salt have lost his saltiness, wherewith will ye season it? Have salt in yourselves, and have peace one with another.

— Mark 9:50.

might see a few of them dining at the Ritz-Carlton in Boston or driving behind liveried chauffeurs in New York. And there were still a few in Newport and Bar Harbor, but in the main they were gone. There was nothing left of them in the new ranch houses that dotted the countryside. They went out with the porte-cochere, and the high ceiling.

Bill looked at the portrait again and wondered what to do with it. The hammering and the banging had ceased, and he walked out through the debris and up to the second floor. The wreckers were taking off their overalls in pink, blue, green, and yellow bedrooms.

Overhead there was nothing but the sky. Bill waited until one of the men came forward to speak to him and then he explained why he was there. From the foreman of the crew he learned that Rachel would have to be removed before the men came on the job in the morning. Otherwise, by tomorrow, she would be part of the debris.

He left the mansion reluctantly, feeling that even his presence helped to dignify Rachel's position. When he got back to his office, he telephoned his friend Sam Brockhurst ("We move everything anywhere") and asked him if he could handle a 12-foot portrait. Sam said, "Gee, Bill, the old girl sure needs a lot of head room. I'm afraid we'll have to use an open truck."

To page 53

A challenge to Mothers

(Who like to add something to children's milk)

Are you quite sure the product you use to flavour the children's milk is the best value available? Value, remember, is a matter of what you get for what you pay.

Only one tonic food drink gives you the extra goodness of malt, milk, eggs, vitamins and minerals—Ovaltine.

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Goulash

RECIPES FROM OUR
LEILA HOWARD
TEST KITCHEN



HUNGARIAN GOULASH is richly flavored and colored with sweet red paprika, and is served with parsley-flecked noodles. The recipe is given in this cookery feature.

● Goulash, a satisfying and superb version of meat and vegetable stew, is the national dish of Hungary. Traditionally, it is piquantly flavored and beautifully colored with paprika.

THERE is no standard method for making goulash; like the stews of other nations, it is subject to many variations. Goulash is similar to the French ragout except, for goulash, the meat is cut rather smaller than for ragout.

The paprika can be cooked with the onions to release the flavor or it can be used with flour to coat the meat; or blended directly into stock, as for Veal Goulash.

Any meat can be used. Half-cooked diced potatoes can be added toward the end of cooking time. Caraway seeds can be added for flavoring, or sour cream for richness.

The Hungarian name for goulash is gulyas, meaning herdsman's meat; the dish is believed to have originated with the early nomadic herdsmen of Hungary, who cooked their meat and vegetables together in a cauldron suspended over the open fire.

Goulash can be served with dumplings or noodles, or cooked noodles can be added at the last moment to the goulash itself.

Custom says the goulash pot should be shaken, not stirred, to prevent the meat catching on the pot as it simmers gently.

In this feature we give the traditional recipe, with many interesting variations.

Level spoon measures and the eight-liquid-ounce cup measure are used.

HUNGARIAN GOULASH

Two and a half pounds lean beef (cut into cubes), 4 tablespoons oil, 1 cup dry white wine, 1 cup beef stock, 3 finely chopped onions, 1 tablespoon paprika, 1 teaspoon salt, 2 peeled and chopped tomatoes, 1 bayleaf, 1 slice rye bread, approximately 2 tablespoons flour.

Combine flour and paprika; coat meat cubes well with this mixture. Heat oil in large pan, add meat, and brown well. Transfer meat to another pan. Add wine to meat, simmer gently 5 minutes; add stock. Bring to boil, then reduce heat at once. Saute onions in remaining oil until soft and golden. Add any remaining flour and paprika, salt, tomatoes, and bayleaf. Cook together 5 minutes; add to meat. Mash rye bread with little extra stock, blend into meat. Cook slowly 2 hours or until meat is tender. Discard bayleaf, serve piping hot.

THE AUSTRALIAN WOMEN'S WEEKLY - March 2, 1966

VEAL GOULASH

One and a half pounds stewing veal, 1½ cups stock, ½ teaspoon salt, ½ clove crushed garlic, 1½ teaspoons paprika, 1 large sliced onion, little chopped parsley.

Cut meat into 1 in. cubes. Heat stock, add meat, bring gently to boil; reduce heat, skim. Add salt, garlic, paprika, and onion. Cook over medium heat until meat is tender, shaking pan from time to time to prevent meat sticking. Serve with noodles or dumplings; sprinkle with parsley.

GOULASH SOUP

Two medium-sized onions, 3 dessertspoons butter, 1 lb. lean beef or veal, 1 teaspoon paprika, 6 cups stock or water, 2 sliced carrots, 4 peeled and cubed potatoes, 1 large quartered tomato, ½ teaspoon caraway seeds, salt and pepper, 1 bayleaf, 1 tablespoon chopped parsley.

Chop onions finely, saute in heated butter until golden brown; set aside. Lightly brown cubed meat in remaining fat. Add paprika and blend well. Heat stock (can be made from bouillon cubes), add to meat with softened onions. Cover, cook gently about 2 hours or until meat is tender. Then add all vegetables, caraway seeds, and bayleaf; simmer gently until vegetables are tender. Discard bayleaf, season with salt and pepper. Sprinkle with chopped parsley before serving. If desired, top each serving with spoonful of thick sour cream.

PORK AND VEAL GOULASH

One pound coarsely chopped onions, 2oz. butter, 1 lb. each shoulder of pork and veal, salt and pepper, 1 small can tomato paste, 1 cup each dry white wine and sour cream.

Melt butter in heavy saucepan, add onions, cook until soft and golden. Add meat, cut into 1 in. squares, and brown lightly. Add salt, pepper, tomato paste, and wine; reduce heat, simmer until meat is tender. Stir in sour cream, reheat gently. Serve at once.

CHICKEN GOULASH

One chicken (about 3½ lb.), salt and pepper, 1oz. butter, 1 tablespoon paprika, 1 crushed clove garlic, 1 cup stock, 3 onions, 2 sliced and blanched green peppers, 4 tomatoes (peeled, seeded, and chopped), 1 tablespoon flour, ½ cup sour cream.

Rub chicken with salt and pepper, cut into joints. Heat butter, add sliced onions and crushed garlic, cook gently until soft and golden. Add paprika, cook few minutes longer. Then add stock or water and chicken pieces. Put in peppers and tomatoes, cover pan tightly, simmer gently until chicken is tender (about 1½ hours). Mix flour with little of the cream, remove pan from heat; stir in. Simmer few minutes, then add remaining cream. Heat gently, check seasoning before serving.

GOULASH WITH SOUR CREAM

Three pounds chuck or other stewing steak, 3 dessertspoons butter, 3 cups thinly sliced onions, 2 teaspoons salt, 1 dessertspoon paprika, 1 cup stock or water, ½ cup sour cream, noodles.

Cut meat into 1½ in. pieces. Melt butter in heavy saucepan, add onions, cook gently. Season meat with salt and paprika. Add to onion and cook gently, uncovered, 20 minutes; shake pan occasionally. Add water or stock, cover, cook slowly 1½ hours or until meat is tender, adding more water or stock if necessary. Finally stir in sour cream; reheat sauce without boiling. Serve with freshly cooked noodles.

DELICIOUS GOULASH PIE

Hungarian goulash (see recipe on this page), 3 cups freshly cooked mashed potatoes, 1 beaten egg, 1 tablespoon sour cream, 1oz. melted butter, 1 tablespoon chopped parsley, 1 egg-white, ½ teaspoon salt, paprika.

Prepare and cook goulash. Blend the beaten egg, sour cream, melted butter, and chopped parsley into potatoes. Transfer goulash to deep ovenproof dish. Beat potato mixture until fluffy, fold in egg-white which has been beaten until stiff with salt; pile lightly on top of goulash. Sprinkle lightly with paprika, bake in hot oven until top is crusty and brown (about 20 minutes). Serve at once.

LIVER GOULASH

One pound liver or lamb's fry, 1 large chopped onion, 1 dessertspoon paprika, 1 chopped green pepper, 1 lb. tomatoes, 2 sticks chopped celery, 1 small clove garlic, salt and pepper, 1 tablespoon flour blended with little water, oil for frying.

Soak liver for 30 minutes in cold water to cover; drain, remove any skin, cut into 1 in. cubes. Brown onion lightly in hot oil, add paprika and green pepper, cook few minutes; add liver, brown lightly. Add the skinned chopped tomatoes, celery, crushed garlic, and seasoning. Cover, cook gently 30 minutes. Stir in the blended flour; cook, stirring, until mixture thickens. Serve with hot noodles.

HUNGARIAN DUMPLINGS

Three cups plain flour, 1 teaspoon salt, 2 eggs, ½ cup water, 1 tablespoon melted butter.

Sift flour and salt. Beat eggs well, beat in water and butter. Combine egg mixture with flour, beating constantly until smooth. Drop batter by teaspoons into large pot of rapidly boiling salted water. Cover, cook 5 minutes. The dumplings will come to the surface of the water as they are done; remove immediately. Drain well and pour over them about 2oz. melted butter. Serve with goulash instead of potatoes.

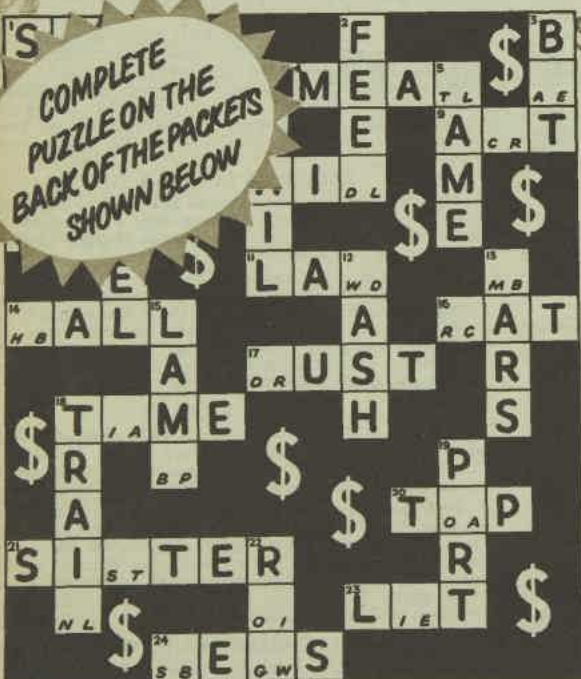
HOW TO COOK NOODLES

Like all pasta, the long, flat ribbon-like noodles should be cooked in plenty of boiling lightly salted water. Use large saucepan, bring water to fast boil; then gradually add noodles, being careful not to allow water to go off boil. Boil gently 6 to 9 minutes. When noodles are ready, add ½ cup cold water to pan to stop cooking immediately. Drain well. Toss with little butter and, if desired, some finely chopped parsley.

Some cooks like to add a sprinkling of poppy seeds to the noodles, but many Hungarian cooks maintain that poppy seeds should only be used in sweet dishes.

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Have a try now! Use your wits and see what fun it can be (you'll find the full puzzle on special contest packs of Super Rinso, Omo, Persil and Surf).

HERE'S HOW IT'S DONE

The idea is to complete the words in the puzzle by carefully studying the clues and then printing the missing letters in the spaces. The letters required to make up the correct word must be selected from the letters appearing in small print in the appropriate squares; e.g., the correct answer to 4 Across must be either "meat" or "meal." The solution to every clue is the only word which is truly appropriate.

SAMPLE CLUES ACROSS:

4. The would be eaten by any hungry animal.
9. Anyone on stage who can entertain an audience has an
11. The boy's parents were disturbed to learn that his girl friend hated the
14. Dancing sometimes takes place at a
16. Animal lovers prefer a dog to a although some homes have both.
17. A car loses its value when it becomes covered in
18. It's not necessary to have a knowledge of horses in order to one.
20. It's not unusual to see a golfer a ball.
21. You should be able to rely on one to mind the children.
23. The house was seldom and had never been tenanted.
24. She to clothe her children.

SAMPLE CLUES DOWN:

2. It is not dangerous to a savage lion if it is caged.
3. Some cricketers never
5. A bull can be ferocious at times.
12. The office boy who doesn't very often won't impress the boss.
13. Families of men who have been to are glad to see them safely home.
15. The shepherd could not locate a single sheep. Knowing a wolf must be near he kept a tight grip on his
18. He identified the marks on the ground as a wagon
19. A polite actor would not criticise the which was offered him.
22. He was told to the boat but not travel any distance in it.

1st PRIZE — \$15,000
2nd PRIZE — \$3,000
3rd PRIZE — \$750

Over 900 other big
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Almond cake wins prize

● A beautiful cake that bakes with a tall topping of almond meringue wins first prize of \$10 in our weekly recipe contest.

CONSOLATION prizes of \$2 each are awarded for an economical marzipan, a layered dessert with butterscotch flavor, an unusual slaw with grapes. Level spoon measurements and the eight-liquid-ounce cup measure are used.

ALMOND MERINGUE CAKE

Half cup butter, $\frac{1}{4}$ cup sugar, pinch salt, 4 egg-yolks, 1 teaspoon vanilla, 3 tablespoons milk, 1 cup self-raising flour.
Topping: Four egg-whites, $\frac{1}{4}$ cup castor sugar, 1 extra tablespoon sugar, $\frac{1}{4}$ teaspoon cinnamon, 1oz. sliced blanched almonds.
Cream butter and sugar until light and creamy. Beat in egg-yolks and vanilla. Sift flour and salt; add alternately with milk. Spread mixture into lightly greased 9in. cake tin or springform pan.
Topping: Beat egg-whites until stiff, gradually add sugar, beating well. Spread this meringue over mixture in tin. Mix together the extra sugar and cinnamon, sprinkle over meringue with slivered almonds.

Bake in moderate oven 40 to 45 minutes, or until cake is cooked when tested with skewer, which should come away clean. Leave in tin 10 minutes before turning out on to clean tea-towel, then on to cooling rack. Removal of cake is easier if springform pan is used because top does not become crushed.

First prize of \$10 to Mrs. G. Beament, 50 Anglesey Ave., St. Georges, S.A.

HUNGARIAN MARZIPAN

Three ounces almond meal, scant 7oz. semolina, 9oz. castor sugar, 2oz. butter, 6 tablespoons milk, almond essence.

Mix together semolina, sugar, almond meal, and milk; leave covered overnight. Next day mix in the butter and essence to taste.

This marzipan can then be used in the usual way to cover a rich fruit cake before finishing with fondant or royal icing. For after-dinner petits fours, roll the marzipan into small balls, size of a walnut, toss in cocoa and top with a blanched almond. Chill before use.

Consolation prize of \$2 to Mrs. A. Geyza, Swan Cottages, Flat 21, Hill View Terrace, Bentley, W.A.

BUTTERSCOTCH MOULD

Three teaspoons gelatine, $\frac{1}{4}$ cup hot water, 2 tablespoons butter, pinch salt, $\frac{1}{2}$ cups hot milk, vanilla, 1 cup brown sugar, 3 eggs.

Dissolve gelatine in hot water. Put sugar and butter into pan, and heat gently until sugar dissolves. Add milk, then heat. Separate eggs, beat yolks and pour over the hot butterscotch mixture, stirring all the time. Add gelatine and vanilla. Beat egg-whites and salt until stiff, fold into mixture. Turn into wetted mould; chill.

When turned out for serving this dessert has separate layers.

Consolation prize of \$2 to Mrs. B. Bade, 21 Valley Road North, Highton, Vic.

GRAPE SLAW

Quarter cup mayonnaise, 2 teaspoons prepared mustard, 2 tablespoons lemon juice, 2 medium ripe bananas, 4 firmly packed cups finely shredded green cabbage, 2 teaspoons salt, 2 cups seedless halved grapes.

In large mixing bowl stir together mayonnaise, mustard, and lemon juice. Slice banana into mixing bowl, mash with dressing. Add cabbage and sprinkle with salt. Add grapes and mix ingredients well together. Chill before serving.

Consolation prize of \$2 to Mrs. A. Watts, 16 Queens Road, Westmead, N.S.W.

ALMOND MERINGUE CAKE wins the first prize of \$10 this week. The recipe is given at left.

READERS' HINTS

● Readers win a prize of \$2 each for these useful hints to help with cooking and other household chores.

FOR an interesting variation of rhubarb pie, steam rhubarb in half cup orange juice, sweeten to taste, and when soft thicken slightly with a little custard powder mixed with extra orange juice. Pour into prepared pastry and bake as usual. — Mrs. E. Baltzer, Range St., Toowoomba, Qld.

Eliminate an unsightly array of bottles and cans in the kitchen by keeping cleansing powders in oversize salt-shakers, and scouring-pads and sponges in bright canisters. They look attractive and are always at hand. — D. Vilunas, 141 South Terrace, Adelaide.

Obstinate marks on porcelain baths can often be removed with borax and ammonia. Use a wet cloth to apply the mixture, and rub well. — Mrs. E. Plunkett, Gregg Rd., Kurrajong, N.S.W.

If children don't like pumpkin, try cooking it this way: Peel pumpkin, cut into blocks and cook until tender. Then dip in egg and breadcrumbs and fry until golden brown. — Mrs. K. M. Johnston, Roadside Mail, Beaufort, Vic.

Cut pieces of cardboard the same size as box pleats in a schoolgirl's tunic and insert in the pleats before pressing. This eliminates underneath marks and gives a really professional finish. — Mrs. B. Ison, Leigh St., Bateman's Bay, N.S.W.

Use a potato peeler to peel stone or citrus fruit. There is no waste and it is also much quicker. — Mrs. J. Burton, 601 Forest Rd., Peakhurst, N.S.W.

When roasting a shoulder or leg of lamb or mutton, place three or four bacon rashers on top of joint and push in half a dozen cloves. This gives a wonderful flavor. — Martin Donohue, 14 Duke St., Annerley, Qld.

To clean small and difficult pieces of trimming on two-tone shoes, try using a marking pencil in a matching color. — Mrs. J. McLennan, "Kilcoy," Armidale, N.S.W.

A grating of nutmeg improves all made-up meat dishes, boiled or steamed fish, and cauliflower. — M. Edams, 38 Nottage Terrace, Medindie, S.A.

After rolling out a large cover of biscuit pastry, cut it in half before attempting to lift it. The two sections can be placed in position without difficulty and the join smoothed over when glazing the pastry. — Mrs. E. Moffat, 5 Dartbrook Rd., Auburn, N.S.W.

In wet weather, hang children's wet shoes in a string bag in the kitchen, where the warm air will circulate round them. They will dry out much quicker than if placed down flat. — Mrs. R. Carter, 9 Peter St., Huntingdale, Vic.



Who took the sting out of Shampoo?

Johnson's removes jam and plasticine and all the other things children collect in their hair. But it's specially made **not** to sting or burn the eyes. It takes the

tears out of shampoo time, puts a fresh young lustre back into hair. (Along with a pleasant, natural smell that seems to whisper: Cleannnnnnnn).



They'll
climb out
of bed
for this...



BREAKFAST

Go continental with **EGGS FLAMENCO**. Butter individual heat proof dishes, put in layer of your choice of cooked spaghetti, baked beans or asparagus. Break one or two eggs into dish and top with pieces of bacon or ham. Bake in

moderate oven until eggs are almost set. Remove from oven and arrange **Golden Circle Tropical Pineapple** pieces around edge. Return to oven to heat through. Garnish with parsley.



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ON PINEAPPLE
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OTHER ELEVEN ANIMALS AND BIRDS

THE GOLDEN CIRCLE CANNERY
NORTHGATE, BRISBANE, Q.



Bill made arrangements to meet Sam at the Whittemore place at seven and then he locked up his office and walked home.

Dinner hour at the Bennett home was often the occasion for a gathering of Judge Bennett's political cronies or his mother's maiden relatives, but on this night there were no guests for which Bill was silently thankful. His parents were in an unusually jolly mood, and he hated to destroy it by bringing up anything so dispiriting to them as the name Whittemore, but he only had until seven o'clock and it was now six-thirty.

He waited for a break in the conversation, and when it came he said matter-of-factly, "Mother, would you mind if I brought Rachel Whittemore home tonight?"

Sara Bennett looked at her son with an almost imperceptible raise of the eyebrows. "For a short visit," she asked, "or a protracted stay?"

"I can't tell yet," said Bill. "That's what I call turning the other cheek," said the judge.

"I'm the executor of her estate, Dad."

"She was a fine woman," said his mother.

"I have no reservations about her character," his father replied, "but I think bringing her here is in questionable taste."

"Oh, I don't know," said Bill. "She wasn't responsible for what happened."

"I'm not worrying about anything," said Sara Bennett, "except where to put her. We haven't a wall large enough for her."

"What was your idea on this, son?" asked the judge.

"I'm afraid I haven't

thought it out, Dad. I didn't get the news until late this afternoon. I was trying an accident case over in Mount Pleasant all day. Eventually, I hope to catch up with Bud, or maybe I can reach Douglas or Scotty."

"They've all been notified, son."

"Jane, too?"

Will Bennett looked over his glasses at his son. "I don't know about Jane," he said. "Everyone seems to have lost track of her. I asked the bank to notify all the heirs when I found out the place was going to be torn down. Bud's living in London with his new wife and Douglas and his family are in Houston and Scotty is in or around Boston. Anyway, we haven't had word from a single one of them."

"Well," said Bill, "I can't just leave her there."

"Of course you can't," said his mother. "You can bring Rachel here, son. I don't know where we'll put her, but I'll try to figure something out."

"Maybe we could rebuild the sun porch," said the judge. "Raise the roof six feet or so. Or we might add a gallery to this dining-room."

"I know how you feel, Dad," said Bill, "but I think you'd change your mind if you could see Rachel all alone in that house with the roof coming down right over her head."

"This is your home, son," said his father, "and any guest of yours is always welcome. I guess if you can take it, I can."

Sam Brockhurst and two of his men were standing at ease in front of the old Whittemore house when Bill pulled into the driveway. He

greeted Sam and the men and then he led the way into the house. They walked through the big rooms, their footsteps echoing hollowly in the deserted halls.

The great staircase looked out to the sky and the draught that blew down the stairwell was cold and clammy. In the dining-room they stood in front of the pink marble fireplace and studied the portrait.

"We'll never get her down in one piece," said Sam.

"Why not?" Bill asked.

"She's probably screwed to the wall. That frame weighs close to a ton."

"Look, Sam," said Bill. "I want her in one piece. I'll pay whatever it costs. If you can't do the job, get someone who can."

"Where am I supposed to find this kind of talent at seven o'clock at night?"

"I don't know," said Bill.

"Maybe Tony would give us a hand," said one of Sam's men, "if you paid him time and a half."

"Say, boss," said the other helper, "we don't hafta worry about the plaster or nothing. We can wreck the wall. All we have to do is bring her down."

"OK, boys," said Sam. "Let's go back to the shop and pick up some tools. We'll need a coupla ladders, too. And I'll send one of my kids out to find Tony."

"Thanks, Sam," said Bill. "That's OK," said Sam. "It may take us all night, but we'll have her outta here in one piece by morning. You wanta hang around or you wanta go home?"

"I'll hang around," said Bill. "I want to go with her when she leaves."

There was a gazebo on the grounds where Rachel liked to entertain old friends when the weather was warm and sail

boats dotted the river. It was a short walk from the house. Bill crossed the dining-room and let himself out to the terrace. It was a lovely, fragrant night, and from the riverside the place seemed very much as it had when he was a small boy.

There was a wonderful vista, cut through the giant old trees, framed now by the pale green of the ancient weeping willows. He walked down the bricked garden steps to the circular pool and around the pool to the flowering cherry, which was in bloom with its thousands of tiny blossoms reflected in the water.

His initials were carved into the tree, his and Janie's, and he searched until he found them, with the hearts and the arrow he had labored over so proudly.

To page 54



"They said I couldn't reduce"

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Continued from page 53

From the pool there was a piney path that led to a park-like greensward. At the end of the greensward, on a slight promontory, stood the summer house. Bill could see Rachel sitting there, composed, quiet, thoughtful. It was her trouble spot, she often said, because the troubles seemed insignificant beside such a panoramic view of water and sky and hills.

Bill ambled up to the summit, deep in thought, his hands rammed into the pockets of his dark blue gabardine suit. He was startled when a slight figure in a filmy white dress came forward to greet him. He stood there, unable to speak, almost afraid to take a deep breath, because this might be only a mirage and

he would wake up and find that he was dreaming.

Jane Whittemore held out her hand. "Hello, Bill," she said.

He took her hand. "Hello, Jane," he replied and sat down beside her on the railing of the summer house.

"I've been waiting for you all afternoon."

"Why didn't you let me know you were coming?"

"I wasn't at all sure you'd want to see me," she said, "but I knew I'd find you here because of Granny."

He studied her in silence for a long time. He had been so hungry for the sight of her. There were

no other eyes quite like hers, no other voice that could make him so aware of the promises of life. She was as lovely as his remembered her.

It had been years since he had last seen her, but he had never been able to get her out of his heart. He didn't know whether it was an obsession or a dedication, but whatever it was he would rather live out his days alone with it than with anyone else.

"I couldn't believe that you wouldn't come," he said.

"You always believed in me, didn't you?"

"Always," he said.

She looked at him for a moment and then she smiled. "Thanks for the vote of confidence," she said in the soft, husky voice he had found so hard to forget. "I don't deserve it, but it's good to know we're still friends. Who told you about Granny?"

"Joe Mahoney."

"I suppose he's writing a story on those terrible Whittemore kids."

"Something of the sort. Unless I can talk him out of it."

"I wonder why he's always so charming to us."

"You're news in this town."

"Bad news. This town has never liked any of us."

"That's not true, Jane. There was never a more respected woman in this town than your grandmother."

"Granny had a way with her," said Jane. "She loved people and causes. None of us ever measured up to her."

"None of you ever tried."

SHE didn't reply, and when he turned to her he saw that she was gazing at the river with an oddly mature serenity that was never a part of her in the past. She seemed content to sit there, holding on to his hand, thinking her own thoughts.

"Where did it all go wrong, Bill?" she asked after a while.

He was wondering, too. What had happened to all of them? They had been given the best that life had to offer. They had happy parents, a distinguished grandmother, a wonderful home, all the money they needed, health, good looks, and every educational opportunity.

Perhaps, as so many people said, it was the war that changed everything. In a way, it was an explanation for the breaking up of the Whittemore family. The boys went away, and they never came back. The war changed Jane, too.

She became restless and bored without Bill or her brothers. There was nothing to hold her at home. So she travelled around ceaselessly, visiting old friends, making new ones, until finally she found what she wanted in Denver, Colorado. She didn't even come home to be married.

Maybe the real explanation, the one Bill believed to be the true one, was the death of Rachel. After she died the family seemed to lose purpose. Her son closed the house and moved to Washington, but he lived only a year or two after his mother's death and his wife only a few years more. No one wanted the house.

The children were married and scattered, and Scarborough was no longer home to them. They had forgotten the principles that Rachel had preached. She had always believed in family solidarity, that in union there was strength. They not only had disregarded her advice but had actually abandoned her.

To Bill, who was devoted to the family, who grew up with the boys and fell in love with their sister, it was a bitter ending to the happy saga of their childhood.

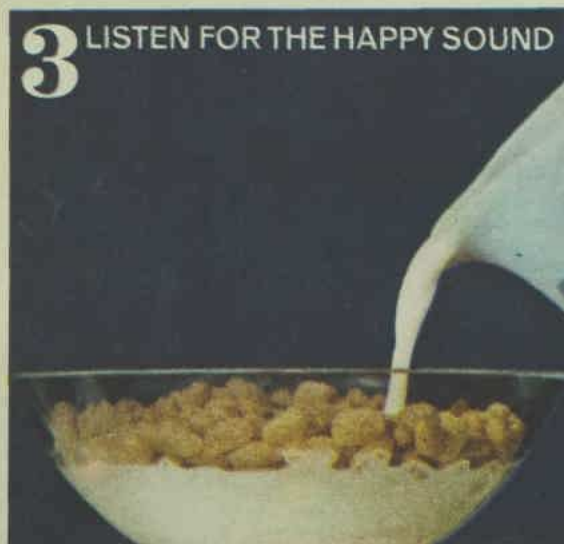
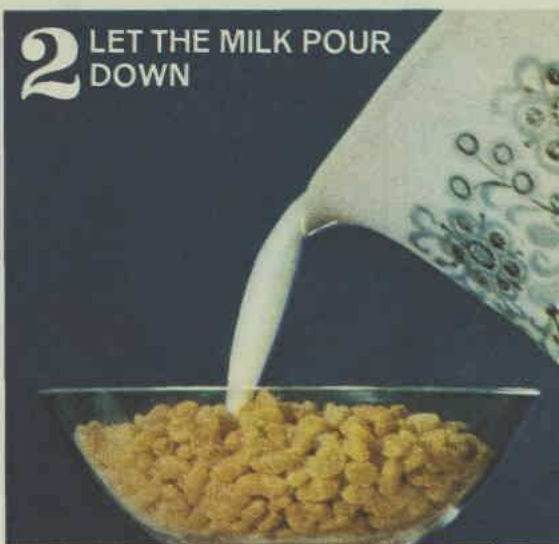
"I don't know where it went wrong, Jane — or why," he said.

"I guess it was too good to last."

"We had so many wonderful years together. Now we're all so far apart from each other."

"No so far apart as we were this afternoon," he said. "I admit that when I came down and found

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THE RICH GIRL WHO WALKED OUT

Rachel all alone in the house, I began to wonder about those terrible Whistmore kids, too."

"But you were sure I'd come back?"

There was a shrill whistle from the far end of the greensward. Bill quickly walked out on the promontory and waved. When he turned, he found that Jane had followed him. "Let's go up to the house," he said.

"Sam Brockhurst is here with his men. They're going to take the portrait down."

"You didn't answer my question," said Jane.

Bill picked up the long white cashmere coat from the railing of the summer house and put it over her shoulders. "I wasn't sure you'd come back, Jane," he said, "but I hadn't given up hope."

"What are you going to do with Granny?"

"I'm taking her to my house."

"Oh, Bill! You can't! What about the judge and your mother?"

"They've given me their blessing."

"But you know how they feel about everything—and so do I. Don't put them through this. I'll take Bud right away. This is

RIVETS



something he should take care of."

"It's too late now. You all had your chance."

"I know we did. I begged the boys to come back. I told them we shouldn't leave Granny here. But they wouldn't listen to me, so I had to come myself."

"Do you want to take Rachel with you?"

"I can't. I can't even explain why—but I can't."

"Then she's going home with me—and she'll stay with me until I find one Whistmore who is worthy of her."

They worked all through the night in an eerie ring of light from half-a-dozen lanterns placed around the fireplace. The men grunted and sweated as they tried to pry Rachel loose from the wall. There were times during that long evening when it seemed she was defying them to take her away from her house.

The men were working under great difficulties, high up on extension ladders that teetered and slipped, and the cold night air crept down the open stairwell and numbed their hands and feet.

Shortly before midnight, Sam came down from one of the tall ladders and started to grumble. It was too cold to work, the portrait couldn't be dislodged, it would take dynamite to budge the old lady, and his men thought it was folly to continue the operation. They wanted to quit.

"You can't do this to me, Sam," said Bill. "We've been friends too long. You know as well as I do that they're going to blow this chimney off tomorrow morning. What'll happen to Rachel?"

"Your guess is as good as mine," said Sam.

"OK," said Bill. "Double time and a half."

"This is going to cost you a pretty penny," said Sam, "and in the end you may lose her. I don't guarantee nothing."

"I'll pay quietly," said Bill.

"Even if we get her unscrewed, I'm not sure we can load her."

"We can get some of the wreckers to give us a hand."

"Betcha it'll take ten men."

"Your attitude," said Bill, "is much too pessimistic. Someone got her up so you should be able to get her down."

"Lissen," said Sam, "I love the old lady. She put my oldest brother through medical school. I'd like to get her outta her."

"Double time and a half," said Bill, "and a cash bonus if you make it in time."

"I don't guarantee nothing," said Sam. "I'm not even sure the old girl wants to be moved. If you ask me,

I'll bet she'd rather be blown up with the house."

The men went back to work, chipping away noisily at the plaster and swearing quietly to one another. It got colder as the night wore on and at three o'clock, after Jane again refused to be driven to a warmer place, Bill drove out to Nick's Diner and brought back coffee and doughnuts for the workmen.

Jane set up a table near the window, using rough planks and two wooden horses, and charmed Sam and his helpers by serving the refreshments with as much solicitude as though the great old dining-room were again receiving its favored guests in an aura of candlelight and

vintage wines and choice crystal. The men returned to their ladders in a far better mood, and Bill leaned over happily and kissed Jane on the cheek.

"Your grandmother would be proud of you," he said.

"I don't know," said Jane. "I'm afraid I was a great disappointment to her. I really loved her, but I don't think I ever told her so. I've had time to think a lot of things tonight—watching Granny cling to her beloved dining-room."

"Well, at least you came home. You paid her that respect."

"It's little enough," said Jane, "when you consider how thoroughly outraged she was over my behaviour. I didn't understand it then—I'm

not even sure I do now. But it had something to do with standards—and Granny was a stickler for standards."

"She was easier on the boys."

"Much easier. Perhaps if she'd had a daughter, she wouldn't have been so heartbroken over me."

"I complicated the situation, too."

"You did—but only because she loved you. You couldn't help that."

"Oh, well," said Bill, "there's nothing we can do. We can't play our lives backward. I just hope we can take her away from here."

At daybreak Rachel was still clinging to the wall, and the men were audibly discouraged. It was no moment for a pep talk, and Bill simply shrugged his shoulders when

To page 56



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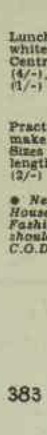
NEEDLEWORK NOTIONS



382



384



383

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Sam came down off the ladder to talk to him. They were a scant two hours away from demolition time, and considering how hard the men had worked the project seemed hopeless.

There was only the question of whether they should keep trying until the very last minute. Bill suggested that they take a break and have breakfast in the diner. The men were just gathering up their tools when Joe Mahoney appeared in the doorway.

"What goes on?" he inquired. "I heard you were down here."

"Go away, Joe," said Bill.

"I see the old lady is still clinging to the ancestral mansion."

"Talk to you later," said Bill. "At my office."

"What are you trying to do?" asked Joe. "Get rid of me?"

THE RICH GIRL WHO WALKED OUT

They both looked up when Jane called from the hallway. Bill told her the men were going out for breakfast, but they were coming back to try again. She followed his voice into the dining-room. She looked immaculate in her white dress and coat. Her blonde hair was brushed carefully into place and her skin was rosy and well scrubbed. There was no trace of fatigue in her figure. She carried herself as proudly as always. Not even her eyes showed the weariness of the long night.

"Well, well, well," said Joe. "The return of Winnie-the-Pooh."

Jane walked over to the fireplace and looked up at the portrait. "I know you're a jerk, Joe," she said. "You don't have to prove it."

"And where are your heroic brothers?"

"Cut it out," said Bill.

"I can take it," said Jane.

"I came back, didn't I?"

"You don't have to take anything from anybody," said Bill. He tried to edge Joe out of the room, but Joe wasn't an easy man to edge, and as Bill knew, he carried a chip as far as Jane and her brothers were concerned. He had never been invited to the Whittemore parties and, although he professed disdain, the cut went deep.

Anytime he could toss a brickbat at one or all of the Whittemores he really enjoyed his work.

people in this town knew you for what you really are."

"That's enough, Joe," said Bill.

"Listen, junior," said Joe. "I've laid off this whole thing because of you. But no dame can upstage me and get away with it. So you keep out of it."

Bill took a step forward. Joe waited for him calmly, his eyes alert but not unfriendly. Then Jane stepped between them and put her hand on Bill's arm. "Let me talk to Joe alone, will you, Bill?" she asked.

"No," said Bill. "I will not."

"Then let him get his story without any bawling."

"OK," said Bill.

"Go ahead, Joe," said Jane. "I've upstaged you and you're not going to let me get away with it. Where do we go from here?"

"My story," said Joe, "is about a little rich girl who walked out on a guy who was away fighting a war. This little rich girl had a fine old grandmother who was very upset indeed by her granddaughter's shenanigans. So she cut the little rich girl out of her will because she was sure that the new guy in the girl's life wanted her only for her money. And as events turned out the grandmother was right."

"What are you talking about?" asked Bill, hoarsely.

"Let him finish," said Jane.

"I haven't any proof of

FOR THE CHILDREN

Wuff, Snuff & Tuff

by TIM



At the moment he had on his looking-for-trouble expression and Bill said sharply, "If you want a brawl, Joe, I'll be glad to oblige."

"Relax, junior," said Joe. "All I want is a story."

"There isn't any story. It looks as though Rachel is home to stay."

"Suppose you get her off the wall. Where does she go then?"

"None of your business."

"You might as well tell him, Bill," said Jane. "He'd gumshoe his way into a coffin if he thought he could sell a few papers."

"Mind your tongue, missy," said Joe. "It may get you into trouble."

"You're not trouble, Joe," said Jane. "You're just a nuisance. I don't know what we ever did to you, but you've had it in for us as long as I can remember. And since this is my grandmother's house and she is still in residence here, I suggest that your presence is an intrusion."

Joe laughed — a harsh, nervous, loud laugh. "And I suggest," he said, "that your high-class attitude is out of place. I know more about you than I've ever printed—now I'm going to give you the works. It's about time all the

this," said Joe, "but I've got a line out. I don't think that mining engineer from Colorado had any use for you after you lost your money. I don't think he even bothered to marry you. My guess is that the minute your grandmother took away the dough the guy walked out on you. And my guess is also that it's exactly what old Rachel hoped would happen."

"You print anything like that," said Bill, angrily, "and I'll let you have it in the nose." He reached out blindly for Joe, who was caught off balance, and they struggled toward the fireplace. Suddenly there was a loud noise, like a thunderclap, and Bill yelled, "It's Rachel! Watch out, Janie! It's the portrait. It's coming down off the wall!"

Jane stood rooted to the spot, watching in horror as Bill attempted to shield her with his body. The portrait crashed against the marble fireplace, pulling plaster and wood and great pieces of moulding with it. Plaster dust rose in great, choking clouds and obscured everything as the portrait hit the floor.

"Janie," said Bill, "it's all right. Rachel is all right."

"I can't see anything," said

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THE AUSTRALIAN WOMEN'S WEEKLY — March 2, 1966

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THE RICH GIRL WHO WALKED OUT

Continued from page 56

Jane. "My eyes won't open." "Where's Joe?"

Jane was coughing so hard she couldn't answer.

"Joe," said Bill. "Are you all right?"

Bill picked up one of the lanterns and swung it through the dust. Beneath the great marble fireplace, Joe was stretched out cold. Bill bent over and felt for his pulse. Then he straightened up. "Well," he said, "Rachel has provided a good ending for his story. And he's going to have a beautiful black eye to prove it."

The open truck pulled out of the old Whittemore place at eight o'clock on a fine sunny morning in May. Bill and Jane rode with Rachel. As they drove slowly down Main Street people stopped and gaped. Rachel's portrait was so lifelike that it literally stopped traffic.

When the truck reached the Bennett house, Mrs. Bennett and the judge were waiting on the porch. The judge walked out and helped Jane to alight. Bill jumped down after her, and Mrs. Bennett came forward to greet them.

"Well, folks," said Bill, "I've brought my two best girls home."

"High time, too," said the judge.

"We've missed you, Janie," said Sara Bennett. She put her arms around Jane and led her into the house. The crowd

watched silently as the men followed.

"How about some breakfast?" asked Mrs. Bennett.

"Good idea, Mother," said Bill. "We're starved."

His mother walked over to him and rubbed her hand on his cheek. "You need a shave, dear," she said. "And I'll bet Jane would love a nice hot bath."

There was a silence when the women left the room. Bill looked out of the window and saw that Sam and his helpers were guarding the portrait and that the crowd was still there. The frame of the portrait had been shattered by the fall, but Rachel's expression was as indomitable as ever.

"I've been talking things over with your mother," said the judge, "and we think it's about time we retired to the upstairs sitting-room. We've moved most of my books out of the study and cleared a wall in there for Rachel."

"Thanks, Dad."

"By the way, son," said the judge, "I've never seen Jane looking better. Now that she's here—what are your plans?"

"I'm going to marry her."

"That's what figured when I heard she came back. I told your mother as much. I also briefed her on the Denver affair. Strictly in confidence, of course."

Bill smiled. "Not any longer, I'm afraid. Joe Mahoney's got wind of it, and he's threatening to make a big story out of it."

"Isn't there any way he can be stopped?"

"I don't know, Dad," said Bill. "And I honestly don't care—if Jane doesn't. I feel as though Rachel has taken care of the whole thing. Joe has a bump on his head that he won't forget for a long time." He opened the window and called out to Sam. "Be with you in a minute, boy. We're going to put her in the study."

"Maybe she won't go through the door, Bill."

"Then take it off. We've got to get her in." He shut the window and turned back into the room. The judge had disappeared and Jane was standing in the doorway, radiant from her bath, a strange expression on her face.

"You knew all along, didn't you?" she asked.

"About what?"

"About me. About Granny. About Denver."

"Yes," he said. "You never would have asked me about it, would you?"

"I don't know. Probably not."

"I think that's why Granny came down off the wall." Bill walked over and took her in his arms. "Whatever the reason," he said, "I feel a lot better now that we have her home."

"She thought we'd never get together unless she took a hand."

Bill laughed. "You may be right," he said. "She always said I waited too long to make up my mind about things. She was a great one for action."

"What were you waiting for, Bill?"

"You won't believe this, darling," he said, "but I guess it proves I'm still a fifty-cent lawyer in a ten-dollar town. I was waiting for you to tell me."

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AS I READ

THE STARS

By Elsa Murray: Week starting February 23

- ARIES** MAR. 21-APR. 20
* Lucky number this week, 3.
* Gambling colors, blue, grey.
* Lucky days, Friday, Saturday.
* Weekend good for marriage and romance, but a nasty hang-over from last week spells caution. Be careful what you say, sign, or write, 23rd-26th. Could be legal snags.
- TAURUS** APR. 21-MAY 20
* Lucky number this week, 8.
* Gambling colors, green, brown.
* Lucky days, Wed., Sunday.
* Romance and family matters come under hostile stars, 23rd-26th. However, any domestic rift has every chance of healing, and there could be an advance in status.
- GEMINI** MAY 21-JUNE 20
* Lucky number this week, 4.
* Gambling colors, red, black.
* Lucky days, Wed., Thursday.
* You could find yourself in very choppy water marriage-wise with hidden snags and rocks until the 26th, then come lucky breaks, when you can start new ventures with good prospects of success.
- CANCER** JUNE 21-JULY 20
* Lucky number this week, 7.
* Gambling colors, black, white.
* Lucky days, Thurs., Saturday.
* The 27th-1st is wonderful for romance, especially on a pleasure cruise, when you can meet that tall, dark stranger (or is it a surfer?). Adverse 23rd-26th. Use care travelling.
- LEO** JULY 21-AUG. 20
* Lucky number this week, 8.
* Gambling colors, orange, red.
* Lucky days, Wed., Monday.
* You've got a fabulous vibration for marriage and courtship, 27th-28th, but you'll have to negotiate a sticky patch up till the 26th. Money and friendship troubles, perhaps.
- VIRGO** AUG. 21-SEPT. 20
* Lucky number this week, 5.
* Gambling colors, red, yellow.
* Lucky days, Thurs., Monday.
* You'll have to face a horrid stretch, 23rd-26th, especially if born 8th-15th September. Big basic changes for many. The stars compensate by boosting career and work opportunity.
- LIBRA** SEPT. 21-OCT. 20
* Lucky number this week, 8.
* Gambling colors, black, brown.
* Lucky days, Monday, Tues.
* Best not to tangle with legal eagles and not to trust to your luck—you could find it runs out. But there's a surprise windfall with indications of lottery luck around 28th.
- SCORPIO** OCT. 21-NOV. 20
* Lucky number this week, 8.
* Gambling colors, blue, gold.
* Lucky days, Sun., Monday.
* The heat's on 23rd-26th and particularly affects home loved ones, and romance. Comes a lull, when a very good vibration compensates, and sets things in order.
- SAGITTARIUS** NOV. 21-DEC. 20
* Lucky number this week, 2.
* Gambling colors, rose, navy.
* Lucky days, Sat., Tuesday.
* Marriage and courtship are adversely pressured until the 26th. It is a time of tension, requiring self-control. A relaxing period, with good stars that compensate, follows.
- CAPRICORN** DEC. 21-JAN. 20
* Lucky number this week, 9.
* Gambling colors, green, blue.
* Lucky days, Fri., Sunday.
* There's a violent patch 23rd-26th that could mean revolutionary changes in outlook and circumstances. Use care travelling. Good stars follow, and give home affairs an assist.
- AQUARIUS** JAN. 21-FEB. 20
* Lucky number this week, 4.
* Gambling colors, black, brown.
* Lucky days, Sat., Monday.
* Friendships could be severely strained, even broken. Some friends could involve you in sudden financial setback. Good stars prevail after the 26th—some loss is made good.
- PISCES** FEB. 21-MAR. 20
* Lucky number this week, 5.
* Gambling colors, red, white.
* Lucky days, Thurs., Sunday.
* You've got top billing—four planets in your sign, and unfortunately kicking over the traces until the 26th. Take it quietly—then swim with the current with favoring influences.

[The Australian Women's Weekly presents this astrological diary as a feature of interest only, without accepting any responsibility whatever for the statements contained in it.]



the year to be going places!

Seeing the world in 1966 is a really worthwhile experience when you go on a trouble-free tour arranged by World Travel Headquarters, the leading tour operators who planned the highly successful Australian Women's Weekly World Discovery Tour.

World Travel Headquarters offers exciting new ways to go, and a choice of sailing dates for tours taking in the places you most wish to see. For example some tours include an overland luxury-escorted coach tour of America on your way to Europe. Or you can tour both Canada and the United States on the homeward voyage. Some include travel via South Africa or Japan. Let us know approximately when you can go and the places you prefer to see—we'll send you full details of world tours to suit you.

Here are some examples of Lisind and Trans World Tours departing during 1966.

Depart	Return	Min. Cost
CANBERRA April 4	IBERIA Sept. 30	£1,171
STHN. CROSS April 19	ORIANA Sept. 23	£1,167
HIMALAYA April 30	CANBERRA Oct. 16	£1,144
ORCADES May 12	ORCADES Nov. 18	£1,360
IBERIA May 24	ORONSAY Nov. 9	£1,289
ORIANA June 9	ORONSAY Nov. 9	£1,175
HIMALAYA August 7	ORCADES Nov. 18	£1,197

your best starting-off point :-

WORLD TRAVEL HEADQUARTERS PTY. LTD.

SINGLET SIGNALS

● Don't miss the fashion train. Grab one of dad's singlets, pop it in the dye pot, and before the whistle blows you'll have a great new party line. You'll need the biggest size available — 44in. (costing around 50c to a dollar at all department stores) — with a tuck and a few stitches to make the armholes smaller you're on the right track for a steaming success:

ON GUARD for fun and fashion at parties and discotheques, these men's singlets (right) make great dresses for the modder-than-mods. Size 44in. are perfect length for under 5ft. 4in. girls, but can be stretched for someone taller.



STATION stares will be only complimentary for you (above) in a singlet, teamed with skivvy and tights. The singlets only need a few stitches to make the armholes smaller.

WILD ENGINES couldn't drag away the looks you'll win in this swinging singlet swimsuit (left). Dyed for 22c, the singlet simply needs tucking up into a pair of stretch briefs or it can be worn over a tiny bikini.

STOP a train in this rave gear. Tuck a singlet (a smaller, tighter one) into matching boy's jeans (right) and hear the whistles!





In 3 minutes gentle Veet 'O' creams away every trace of unwanted hair

Now summer's here—and you're living in swimsuits and sleeveless dresses—you need to be even more fastidious about unwanted hair. You want your skin to look flawless, all satin-smooth and immaculate. So use the kindest, most effective hair-removing cream there is—sweet-smelling, lanolin-enriched Veet 'O'. In as little as three minutes Veet 'O' melts away every trace of unwanted hair right down to the roots. No tell-tale shadow on your underarms, no fast-growing stubble to spoil the glamour of your legs. Yet it's so gentle, you don't feel a thing. By comparison, Veet 'O' makes every other hair removing method seem plain old-fashioned! Tubes 45c and 68c.



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Look for the OROTON label at prestige retail stores and leading jewellers.

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Protests are an awareness

DO people protest too much? My answer to that is that people CAN'T protest too much.

Protest is a sign of awakening—the world is realising that there is an awful lot wrong with the place. Those who protest want to do something about it, and the result is protest in one form or another.

To me, protest symbolises progress. Take this desire to protest from the human being and you take progress from the world. Man would become an absolute pacifist, a lethargic animal, and a complete conformist. — D. J. Wood, Hobart.

U.S. guests

WHEN we decided to move to Australia from Florida, U.S.A., for five years, our mother spent a lot of time telling us we were to be guests in a new country, and reminding us that we must behave as guests in Australia.

When you are a guest in a person's home you don't say you think you have something better at home. You show appreciation of the nice things your hostess has. Maybe that is why we are enjoying our visit here.

—Colby Ann and Harriet Chambers, Scarborough, Qld.

English oral

IN the upper classes at secondary schools, examinations for foreign language students contain an oral section, and to pass in the subject a pass in orals is essential.

English, however, demands no such oral examination, and a student is passed solely on the standard of his written work.

Surely English, the language most of us will use for the rest of our lives, is more important than foreign languages, especially in its spoken form. Business needs a person who can express his ideas clearly and fluently in speech, and in the science field many students who have reached matriculation standard fail dismally when asked to "say a few words."

Oral expression is of vital importance, and a reasonable standard should be demanded from all students. — Mike Synnott, Blackburn, Vic.

Kind teens

PEOPLE often complain about thoughtless teenagers. I must disagree with these people, and point out why I disagree.

I am a teenager confined to a wheelchair, and I greatly appreciate the kindness teenagers show toward me. I often need assistance in getting my wheelchair up steps. Young people are quick to oblige, but many older people just stand and stare.

Letters must be signed, and preference is given to writers who do not use a pen-name. Send them to Teenagers' Weekly, Box 7052, G.P.O., Sydney. We pay \$2 for each letter used.

BEATNIK



"They were our best Soap Ad. men, then overnight they seemed to change."

At parties my teenage friends make sure I am enjoying myself and not feeling left out of things. Even though I can't dance, I always do enjoy myself, because there are always teenagers willing to sit with me and talk.

I am not trying to find fault with the older generation, but to point out that teenagers certainly have their good points. — "Kiwi Teenager," Christchurch, N.Z.

Party idea

A FEW weeks ago I had a form party, and thought readers may like to hear of one of the ideas, which with the help of my imaginative friends helped to make it a great success.

We had balloons strung up everywhere, and in each there was a small amount of confetti. On the balloons was printed a description of the various girls in the form. For example, one girl who is known for her great athletic ability had "Athletic Annie" on her balloon.

People had to identify the balloon belonging to each girl, who at the end of the evening was given a pin, with which she pricked her balloon, sending the colorful confetti into a whirling mass. This gave a good note on which to end the party. — R.P., Middle Brighton, Vic.

Expressions

I THOUGHT some of the readers might be interested in a few of the odd expressions I picked up during the holidays.

Bread is called raw toast, rhubarb is bloodshot celery, a comb is a flea rake, a mouth is a pudding slit.

Conversation of one of my friends consisted almost wholly of phrases like "an unwritten letter" for a blank sheet of paper, or "an un-

opened door" for a shut door.

Have any other readers come in contact with these sorts of phrases? — Pam Thomsen, Hobart.

Old stockings

FOR girls who don't know what to do with their old stockings, here are a couple of ideas:

Covered dress hangers are easier on your clothes. Pad them by binding with strips of old stockings, then cover with colored material. Also, you can make stocking plaits, using three strands of stocking. Pin the plaits under the brim of your beach hat. Or pin them on to your own hair and surprise your boyfriend. — B. Wallace, Coolangatta, Qld.

Job-hunting

WHEN I had to go for interviews concerning a possible position after leaving school, my mother insisted on accompanying me.

At school we were told by the personnel officer, a man who should know about such things, that we should not take our parents with us for interviews. However, my mother was hurt by my wishing to go alone, and thought that she would be more of a help than a hindrance.

Some people may wish a parent to go along with them for moral support, but I think if you go alone you appear more mature and capable of responsibility. — "Loner," Richlands, Qld.

EYELASHES' DIM SIM FUTURE

ROUND ROBIN

● I see that the U.S. Treasury Department has declared some false eyelashes "black" — because they are Red!

THE eyelashes are imported from China, and the U.S. bans all trade with that country.

The lashes are made with Chinese hair. Perhaps the Americans fear that young women wearing the lashes might get a new slant, politically.

Whatever the reason for the hair ban, I guess this really is what is known as not seeing eye-to-eye with someone. Officials say they will seize illegal consignments as quick as a wink.

They may also even ask women travellers, coming into the country with more than one set of false lashes, where they got them.

If the peeking adds up to Peking, the hair today will be gone tomorrow.

The ban presents a curly problem for U.S. eyelash sellers. One says that there is not enough American hair to fill requirements.

A blackmarket might spring up if America stays short of false eyelashes.

Crooks would shanghai — oops, sorry, buddy . . . I mean steal—dwindling stocks of eyelashes.

But perhaps American girls will come to the rescue by patriotically offering contributions to help the trade war effort.

There could be a poster of a bushy white-eyelashed woman in a star-spangled shift pointing and saying: "Auntie Sam Needs You."

In the meantime, by the way, Australia is not banning imports of Russian perfume.

It comes with names such as To Space, Beloved Moscow, International Women's Day.

How are you going to keep 'em down on the Poree scent after they've seen Collective Farm?

— Robin Adair

The problems of . . .

THE LATE DATER

● "It's a little bewildering when you are an old girl of 17 and no boy has asked you for a date," a young friend of mine said, sighing, the other day.

AFTER all, I have a hidden body in my hair, I don't simper or gush, I dress correctly, I walk on one line — not on two like a tram — so what is wrong with me?"

She looked so pretty. There was obviously nothing wrong with her except that she is a late starter.

Some girls start dating much later than others. Perhaps they are a little too choosy, too shy, or perhaps they are wiser than most, but the main point is that they DO get lonely on Saturday nights. They get very tired of sitting around with Mum and Dad, and their parents worry that no one seems to want them.

No parent wants a gad-about girl of 17, but mothers feel for them deeply when the phone NEVER echoes a boy's voice. She knows there are some quite dreary girls who get lots of dates while her little flower wilts on the vine.

Perhaps this girl has the wrong manner with boys. Is she too flower-like? Shy as a violet, prim as a daisy, unapproachable as a lily, stinging as poison ivy, or prickly as a thorn with boys?

Girlfriends? She has millions of them. But with boys she's the "sorry, wrong number" type.

Too afraid

Here is the truth. She is too afraid of being forward, too tongue-tied at compliments, affronted by a wolf whistle, indignant at offers of help.

She is terrified of looking as if she is chasing them, so she curls into an aloofness which does not suit her one little bit. And so she's left on the teenage shelf until the

very right man comes along and approaches her in the very right way. This, unfortunately, can take a very long time . . . even infinity.

The fun of mixing easily with boys is a tremendous help later on when the real problems of falling in and out of love arise. Hardly any girl marries her first date or her first love. A few little jiltings in the teenage years are a wonderful insurance against crashing heartbreaks later on. Whether the boy jilts the girl or vice versa, it builds up a good suntan against the burning rays of deeper love.

If you are one of these Late Date girls look around and you'll find others who are just the same. No comfort, but it helps you diag-



nose on the trouble. Leaving yourself out of it—what is wrong with them?

There's the serious girl, afraid to smile in case her face cracks. There's the girl who studies all night and every night, forgetting that all work and no play makes Jill a very dull old girl. There's the girl who has travelled so much that the rest of her age-group don't readily accept her because she's too different, too critical.

All these girls will eventually date, fall in love, and marry. It is NOW that they are lonely and out of things, and it's NOW that hurts. The boy they eventually love

will most likely be a Late Date type himself, one of those nice boys who will go a Long Way.

But at present the way is lonely and often fretful, and these girls would find life more appealing if they went halfway to meet him.

The much-travelled girl must get more "local" about things, try to see her surroundings through more affectionate eyes.

Smile more

The unsmiling girl must learn to listen and respond with an appreciative comment. "You summed that up perfectly" is a sure winner, an invitation to hundreds more conversations.

The too-studious girl must avoid getting a round-shouldered view on life. One day a week can be light-hearted.

Many girls are older than their years and do not meet their mental peers until they land in university or a job, but something is always missing if they don't mix harmoniously along the way.

A casual "Hi there," a pleasant smile, will take the phone off the hook quite easily. You don't need to wait around for a reply. Just say: "That was a great game you played on Saturday, Bob," or "Weren't the exams cruel?" Just breeze on and let him recover from the shock. "She's getting almost human," he will say to himself, "I think I'll ask her out."

If you can bring yourself to change type slightly you will be a little ahead of the too-eager, always-available dates. Mystery has a certain appeal and a boy likes to think he can unravel it.

A date does not mean engagement or marriage. It means that you get out with

an open mind and meet people, and in the process the boy may find someone he prefers and you are also at liberty to look your best and be looked over by others. Regard all boys as friends, because friendships lead to dates, more and more dates, and eventually all those dates narrow down to one date and that one will most probably become yours for life.

Your best weapons in the fight for friendship are cheerfulness, sincerity, ability to make others feel important.

Elizabeth Taylor did not have a date until she was sixteen. THAT should cheer any girl up.

Her mother remarked sadly that she was so beautiful that boys were afraid of her.

Eleanor Roosevelt was appalled by parties, and known as the ugly duckling of her family, but she steeled herself to meet people and married a future President.

He's hidden

Elizabeth Barrett had no dates until she was 39. Then she and Robert Browning began a courtship which led to their famously romantic marriage.

Just one man is enough, but he is usually hidden like a needle in a haystack, and he won't suddenly walk into your mother's sitting-room with straw all over his head and ask for your hand.

You have to get out where he can see you, and then magnetise him out of his hiding place. It can be like the words of the song: "You may see a stranger, across a crowded room."

That enchanted evening may offer you an enchantment which will last the rest of your life.

—MARCH WINGATE



Beauty in brief

TIME TO SORT OUT YOUR LIPSTICKS

A smile is that much more appealing when it is outlined in a pretty shade of lipstick.

This is a good time of year to look through the old lipsticks and throw out the worn-down bits or any shade that has turned out to be an error. Then replenish the supply with a new and flattering replacement.

Among the refreshers there are bound to be some timeless shades from other seasons as well as some exciting colors new this season.

This little adventure in beauty can perk up summer-weary spirits and put the right smile forth for autumn.

Nothing drastic or unreal in lipstick color is being predicted this year. But if Paris and America are to be believed, lipstick has assumed an appealing young rosininess, not too dark or too light, but warm and softly feminine.

Putting on lipstick: Before applying lipstick, make sure that your lips are dry, and one good way of ensuring this is to powder them lightly.

Now outline the lips, but stop short of the actual corners. If you notice a little build-up of lipstick in the corners, use a cottonwool-tipped swab to dab it away.

When the color has been filled in, wait a moment or two, then close the lips on a tissue. Apply a second coat. Leave it to set for as long as possible.

—CAROLYN EARLE

PONYTAIL BY LEE HOLLEY

THOSE BELL-BOTTOMS REALLY LOOK TUFF.



I COULD BUY A PAIR WITH WHAT I MAKE BABY SITTING... IF I WEREN'T HELPING SUPPORT DONALD.



DADDY, MAY I HAVE AN ADVANCE ON MY ALLOWANCE, SO I CAN BUY A PAIR OF BELL-BOTTOMS LIKE SUZIE'S.



PLEASE, DADDY, THEY DON'T COST MUCH. I WANT A PAIR OF BLUE ONES



Louise
Hunter

Here's

your answer

• Although pen-names and initials are always used, letters will not be answered unless real name and address of sender are given as a guarantee of good faith. Private answers to problems cannot be given.

Bored gang

"I AM writing on behalf of the kids that live in my street. The boys are aged 15 to 18 and the girls from 14 to 17. During the week or holidays we have nothing to do at night because we don't like staying inside. But we always have to be in by nine or else the police are around to make sure we are and, if not, our names are taken down. Also, the gossiping women in our street give us names, which is not fair to us. What can you advise us to do?"

"Bored Group," Vic.

Find something you are all interested in and form a club. Ask the people in the street if one of them would rent you his garage (at a price you could afford by

pooling your resources). Make this garage your club-room. You could hold small dances there and use it as a place to work on any projects you think up. You could build something — if not for yourselves, then for the local orphanage or hospital. Try your hand at a doll's house (the boys make the house, the girls decorate it), toys of any kind, or try to put out a weekly or monthly magazine. Those who can draw do the illustrations, those who can type copy out all the articles, and those who are funny make up the jokes. Make two or three copies and have them passed around the street. This can be great fun and there's work in it for everyone. Fill it with news about, and of interest to, all the people in the street. As well as

this, why don't the boys join the local police boys' club? The police are not enemies, you know — they're only trying to keep you out of mischief and trouble and their clubs have facilities for teaching all sorts of sports and putting spare time to constructive use. The girls could inquire at the YWCA to see if they have any courses of interest.

Self-conscious

"HOW does one disguise a scar? I have one on my cheek, just near my mouth. It's not particularly large or ugly and it only stands out in cold weather. It makes me self-conscious. I have tried covering it with make-up, but without success. People take no notice of it, but I do and that is what counts. My boyfriend says it's a cute one."

"Blemished," Vic.

Take your boyfriend's word for it — it probably does look cute. You say yourself people take no notice, so forget about it.

Too short

"I AM 16 and my problem is that I am rather short for my age. I am 5ft. 4in. My girlfriend is about four inches taller than I am. We go out to parties and dances with four other couples, but although we get on well, I know that they talk and laugh about us behind our backs. I know it is affecting my girlfriend even though we never talk about it. Do you think I should leave her for her own sake?"

"Stumpy," Vic.

How do you "know" they talk and laugh about you? Remember that most people are far too busy worrying about how they look themselves to pay much attention to your lack of height. Give your girlfriend some credit for being able to decide for herself whether it worries her or not. As she hasn't said anything, take it for granted that she doesn't care. Many brilliant and famous men have been small.

Rude boyfriend

"I AM 16 and very much in love with a boy of 19. He tells me he loves me, but when we go out and he sees other girls he knows, he introduces me as 'My mate's girl.' I go along with it, but deep inside it hurts. I don't want to say anything as he gets in a temper too quickly and I might lose him for good."

"Desperate," W.A.

It's about time for YOU to get "in a temper too quickly." Tell your boyfriend that either he stop introducing you as someone else's girlfriend or you might be just that very soon.

Choosing a career

IN November this year I will be sitting for my Leaving Certificate and I will probably pass all subjects. I passed English, French, Maths A and B, Science A and B, Social Studies A, Art, and Scripture for my Junior Certificate. Please, could you tell me all the possible vocations my qualifications can obtain for me?

"Leaving Student," W.A.

You should talk to your headmaster. He will be able to advise you himself or suggest where to go for vocational guidance. The subjects you pass are not the only criterion when looking for a career — your personality and abilities apart from academic, are just as important.



This aqua polythene barrier proves it!

Only **New Kotex*** feminine napkins are accident-proof!

And new KOTEX napkins have twice the softness and absorbency too!

Across the base of every Kotex feminine napkin is an aqua polythene barrier that stops moisture coming through. New Kotex napkins give you protection, absorbency and comfort like no other napkin can!



Both types are now accident-proof with this new aqua polythene barrier: Regular and Slenderline.

*Registered Trade Mark Kimberly-Clark Corp. KKB33AR

3462—Lined, semi-fitted, princess-seamed, A-line dress (below) with sheer sleeves, three-quarter length with bias flounces. Sizes 31, 32, 34, 36, 38in. bust. Price 6/6 or 65c includes postage.

3462—Lined, semi-fitted, princess-seamed, A-line dress (below) with sheer sleeves, three-quarter length with bias flounces. Sizes 31, 32, 34, 36, 38in. bust. Price 6/6 or 65c includes postage.



3462



3509



3200

3509.—Panel front, A-line skirt without waistband, contrast trim stitching. Sizes 24, 25, 26, 28, 30in. waist. Price 5/- or 50c includes postage.

3200.—Girl's high-waisted, back-buttoned dress with self ruffling on long sleeves and neckline, optional ribbon belt and novelty trim. Head scarf pattern provided. Sizes 4 to 12 (23, 24, 26, 28, 30in. chest). 5/- or 50c incl. postage.

3111.—A-line maternity dress (below), short-sleeved with cowl collar and pockets in seams. Sizes 31, 32, 34, 36, 38in. bust. Price 6/- or 60c includes postage.

3566.—Slim dress (below, right) with self-bound neckline and tight upper-arm sleeves joined to long full sleeves with cuffs. Rick-rack trim. Sizes Young Jr. 30½, 31½, 33in. bust; Teen 30, 32, 34, 36in. bust. 5/- or 50c incl. postage.



3642

3111

3566

BUTTERICK PATTERNS ARE AVAILABLE AT LEADING STORES

Send your order and postal note to: PATTERN SERVICE, P.O. BOX 4, CROYDON, N.S.W.
(N.Z. readers: P.O. BOX 11-084, Ellerslie, S.E.6.) BE SURE TO STATE SIZE.

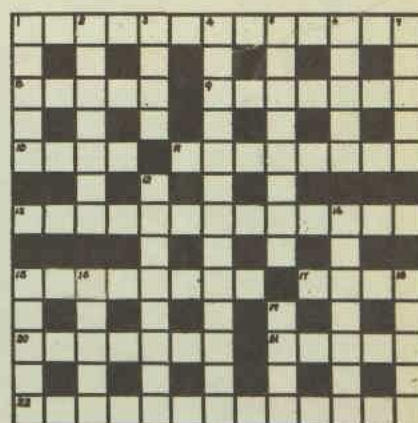
NAME _____		DESIGN	SIZE
ADDRESS _____			

THE COBRA'S climber is almost to the top of the cliff with a bomb when Mandrake discovers him. Lothar is called and races to foil yet another of Cobra's attempts. NOW READ ON . . .



ACROSS

1. Excellent ground for rumination (5, 8).
8. Tries ceremonial forms (5).
9. Herbaceous plant headed by a part of speech (7).
10. Another name for Thailand (4).
11. Salutation (8).
13. Spy, who sounds as if he had a great deal of intellectual power (13).
15. Poets are when writing (8).
17. It is no winter, yet is in it (4).
20. Bravery (7).
21. Stranger (5).
22. These are for men who want to make a come back (6, 7).



Solution will be published next week.

DOWN

1. Micro-organisms (5).
2. Essence obtained by distillation of a former treatise (7).
3. Snug place in a fine station (4).
4. Men tie red vats as announcement (13).
5. Provided with a shield (8).
6. Town in Perugia, Italy, an ancient Sabine settlement (5).
7. Colloquial language (5).
12. Outdoor school of painting (5-3).
14. Have faith (7).
15. To become liable to (5).
16. A sudden short effort (5).
18. Birds, even insects have them, but you must first gain them (5).
19. A magnesium silicate used as lubricant (4).

D	E	C	O	N	T	A	M	I	N	A	T	E
R	R	R	A	N	N	T	N					
A	B	A	T	I	N	G	L	O	T	R		
B	N	L	O	E	I	O						
R	O	E	R	S	L	A	T	E	R	A	L	
E			A			E						
T	U	L	I	P	S	C	O	S	S	E	T	
		A			R						A	
S	H	E	E	T	I	E	L	O	S	E	R	
T	I	H	S	A	O	G						
A	A	I	R	E	N	G	O	R	G	E		
M	R	O	N	E	I	T						
P	R	E	S	B	Y	T	E	R	I	A	N	

Solution of last week's crossword.

AMAZING OFFER to ALL REGULAR READERS OF "WOMEN'S WEEKLY"!

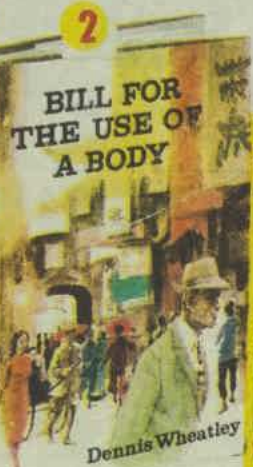
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any one of these 6 best-sellers!!



THE FIRST — THE FINEST
THE LOWEST PRICE BOOK
CLUB IN AUSTRALIA!

KATE AND EMMA, by Monica Dickens. The story opens in a magistrate's court in London. One of the young offenders is a sixteen-year-old girl, Kate, who is described as being in need of care and protection. In the court is a girl only slightly older, Emma, daughter of the magistrate. From her experience of going around with a social worker on his calls, she knows that "care and protection" cannot be prescribed like National Health aspirin. She meets Kate again, by chance, and there springs up a deep friendship, which for a while, at any rate, is beyond misunderstanding.
USUAL PRICE, 26/.



BILL FOR THE USE OF A BODY, by Dennis Wheatley. The opening of the story is macabre: a Japanese father regarding the severed head of his son which had been sent to him in a box. Of that the lovely half-English, half-Chinese Merri Sang knew nothing, neither did Julian Day nor Bill Urate, both of whom were in love with her; but the father's thirst for revenge brought all three of them into deadly peril. The story moves to Hong Kong and the reader is temporarily carried back to the Japanese invasion when, in many cases, prisoners were treated with appalling barbarity. Out of this past the present-day drama arises.
USUAL PRICE 20/.



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WHAT'S NEW IN MEDICINE

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● To an adult, one pimple is a nuisance. Two pimples are an inconvenience. Beyond this number the skin is disfigured, health is suspect, social activities are jeopardised, and strenuous efforts are indicated to clear up this blight.

It is not surprising then that adolescents suffer considerable emotional disturbance when they are subjected to a continuous cycle of pimples, which pop up when least welcome, scatter the skin with red blotches, and sometimes leave scars when they subside.

The cause of acne has challenged medical scientists for many years. Despite important discoveries, no single, simple solution has appeared for it.

We know that where a strong family history of the disease exists, there is a greater risk that a patient will have a more severe form of acne, which will run a prolonged course.

But what can we do about ancestors?

Knowledge of the hormones which contribute to the development of acne, although increasing daily, still has not advanced sufficiently to provide an answer.

These hormones are chemicals which increase in quantity at puberty. Male and female forms circulate in each individual, nicely balanced, normally, to produce and maintain the physical and mental characteristics of each sex. In the adolescent, we suspect that the balance is not accurate; and that abnormal forms of these hormones are produced to stimulate the plugging of grease gland ducts — which is the basis of acne.

Because of its complicated nature, it is not possible to attack acne at the inherited or hormone level yet.

Skin cleanliness

So what do we do about it? It is imperative that we control it by aiming treatment at the skin and the aggravating causes. This may seem tedious, when no time limit can be put on it. But, at least, by the time the natural processes have sorted themselves out, fewer complications will have arisen.

The fact that their faces are greasy and dirty never seems to prevent some

patients from avoiding soap and water like the plague. Skin cleanliness may not be a new development, but it is the most fundamental, and neglected, aspect of treatment for acne in all stages.

Thorough washing

At least twice each day, the affected skin should be washed thoroughly — but gently, so that pimples are not scrubbed off — with comfortably warm water and germicidal soap, applied on a rough face-washer or piece of towelling. Two to three minutes of this will usually clean the grubbier skin.

It also helps to loosen up blackheads, which are grease plugs in the outer part of the grease gland duct.

Those which come out easily should be removed every night after washing.

The only safe way to do this is to use a blackhead expressor — the chemist can obtain it for you. Provided it is not handled like a jack-hammer, the loose plug will ooze out, without any of the bruising or scraping that usually accompanies the use of the fingernails or a bobby-pin.

If you have ever tried to remove blackheads from the outside part of your cheek,

by creaking your head around sideways to the mirror, then swivelling your eyes like a snail, you will appreciate that these are tackled best by some co-operative member of the family.

Gentle squeeze

A pimple should only be touched when it is ready, the signal being the little yellow top. This can be opened carefully by pricking the top with a burnt needle; then the pus is removed with a piece of cotton wool. After emptying, lumpy pimples can be squeezed, gently, at the bottom, to see if a little plug will pop out. But if you are brutal and push hard, you will not only damage the skin — you may spread infection, and cause a scar to form.

Whiteheads, and the abscesses and cysts of severe acne, are a different proposition. They are well under the skin surface and should never be touched by an amateur. Expert medical knowledge is needed to know when and where to burst them, and special instruments are required to do it safely.

By using these methods daily to keep the skin clean, you give local applications a chance to help to keep it that way. Most of these, for convenience, are put on after the morning scrub-up and late at night.

The most effective lotions and ointments contain chemicals which reduce greasiness and peel off the outermost part of the skin to prevent new plugs forming. Some contain antiseptics, which combat infection and cause inflammation to subside more quickly.

A recent addition to some of these preparations is a cortisone derivative that has been found to minimise the reaction around deeper pimples and reduce the risk of scar development.

ACNE

ACNE (cont.)

The most important cause of scarring is infection. Once the pore is blocked, germs which normally live on the neighboring skin move in, because they find it a more comfortable place to breed.

When the infection bursts out of the duct to produce a small abscess, it often heals with a tiny scar, which contracts and pulls the pore down so that a pit results.

Enough of these grouped together causes that unpleasant dimpled appearance, like pockskin. The healing of deep abscesses is responsible for the large, depressed scars, which disfigure faces and bodies so badly.

To prevent and control this infection is obviously of great importance. The patient can help by learning to keep fingers away from spots. Heavy squeezing and picking and scratching not only spreads the infection around the spot by sending it deeper, but can transfer it to other, uninfected parts of the face; because germs stay on fingers, and under nails, after a spot is touched.

Germs which stay in the outer part of the duct will usually be killed by the cleaning methods already suggested. Those farther down, however, need something more penetrating, so we often try to reach them through the bloodstream, now.

Antibiotics

Antibiotics are drugs normally given in big doses to suppress serious internal infections; but dermatologists have found that they can be very effective for some forms of acne, in small doses. Because of the low dosage, they can be used for long

periods without complication, though they must only be taken under strict medical supervision.

The scalp also deserves some attention while this is going on. Since it is unlikely that teenagers will voluntarily abandon the current hair style, which literally drips over the forehead, the next best thing is to make sure that the scalp and hair are clean.

Any number of medicated shampoos are available for this purpose now, and if one is used frequently, not only is the greasy crusting on the scalp prevented, but the hair will be lighter and cleaner, and less likely to smother the forehead.

You may wonder why hormones are not used more often, since we suspect how they operate in acne. The fact is that the benefits are very variable and their use sometimes produces unpleasant complications, because of their action on other organs in the body.

Danger in fats

They are tried most commonly in the worst types of the disease, or in girls whose acne seems to be connected with an abnormal menstrual cycle.

From experience with the trouble it can cause, chocolate is forbidden for all acne sufferers. And not only chocolate. Anything with this dark brown color, be it liquid or solid, whether it smells like chocolate or not, must be avoided.

Cheese, nuts, cream, like other fatty foods, need not be eliminated from the diet, but reduced to normal amounts.

The best approach is to think how many fatty or greasy items you have in each

meal. If two meals have contained a fair amount, the third should not, nor should the in-betweens. Table or cooking-salt should not be iodised.

In this country, if a diet is reasonably normal and balanced, it rarely causes a problem. But if certain foods — such as those colored red and yellow — are noticed to cause trouble, then it is commonsense not to eat them. After all, you are only doing yourself a favor.

When treatment is being carried out with daily enthusiasm, and the acne is responding but has a tendency to flare periodically, an emotional cause should always be considered.

Problem of scars

Many teenagers are able to detect this type of pattern themselves and, under these circumstances, a mild sedative is usually ordered. This is not taken continuously, but in cycles designed to coincide with foreseeable circumstances known to have caused outbreaks.

One question forever trembling on the lips of both patient and mother concerns the problem of dealing with scars.

In most cases, properly treated, a scar does not occur, but it is a common complication of the deep, cystic forms of the disease. Small pits can be flattened or removed by a technique of abrasion, using spinning wire brushes or pads. Sometimes they are peeled away by freezing with carbon dioxide or liquid oxygen. Deep scars may be flattened at the edges but, unfortunately, cannot be totally eradicated.

Most treatments applied to the skin are not practical when at school or work, because of their color, but there is a solution to this.

For males, there are medicated powders with skin tones. Girls can be compensated for their patience with special cosmetics, which can also be used at night.

Many young women make their skin worse by applying layers of thick creams to cover up spots, but in time this will contribute to more blockage.

Patient treatment

It is more sensible to use a liquid medicated cosmetic, over the top of which can be applied powder of the correct shade. This is easy to wash off, and can be applied several times during the day, to act as treatment as well as gilding the lily.

The only girls who manage to avoid the complications of creamy preparations are those with skin which dries out rapidly in spite of acne.

Much more research will be done before teenagers can be provided with a bottle of pills to give them the quick results they demand.

In the meantime, they must realise that there is no substitute for patient treatment. At the moment, nature dictates when this can stop—not the doctor or the individual with the disease.

They can be reassured that if they look after their skins as they know they should, lead healthy and active lives, but avoid being overheated, the majority will end up with a texture normal for their skin type and unmarked by scars.

Treatment is nothing more than the premium in a beauty insurance plan. As with all insurance policies, if you forget to keep up the premiums, there will be no payoff.

Allergies

● Allergy is not a new phenomenon. One very early record of a presumably allergic ailment was made, by the Emperor of China, about 3000 B.C.

OTHER early records date from 2641 B.C., by the Egyptians; from the fifth century, by Hippocrates; the first century B.C., by Lucretius; and from the second century A.D., by Aretacus and Galen.

There are many other records up to 1906, when a Viennese doctor, C. Von Pirquet, coined the word *allergy*. Here, then, developed a new concept for a group of maladies, which has grown with new discoveries to its present status as a special branch of medicine.

What is allergy?

It is an altered tissue response to something foreign (something recognised by the body as not of itself). Tissue or cells responding this way are said to be *sensitised*.

Such tissue usually possesses certain minute protein entities called antibodies, which are specific to certain foreign substances.

The most common foreign substances are proteins of high molecular weight, but other substances are concerned at times. When one of these foreign substances (called the antigen) enters or contacts the human body, it causes, in certain

allergic people, production of the specific antibody.

When there is a subsequent body contact with this antigen, the antibody combines with it, producing dramatic results — usually with some cell damage and liberation of various chemical substances, many of which are known, though many probably are still to be discovered.

These substances cause dilatation and congestion of blood vessels, leakage of fluid into abnormal situations, spasms of involuntary muscles, and other effects.

These physiological mechanisms then produce certain symptoms recognised by the patient — hay fever or asthma, hives, etc. — according to the part of the body affected.

Why some people become allergic

The full answer to this we do not know, but the tendency to become sensitised and develop the altered tissue response appears to be hereditary.

It generally follows Mendelian law as a dominant characteristic, and certain generations may not exhibit allergies but have the predisposition "masked." We do not, however, inherit sensitivities to specific substances — only the general ability to become sensitised to one or more particular substances.

The causes (antigens) of allergies may be anything in the human environment; or within the body itself. Thus as we go through life we are subject to the impact of a varied environment which we can dissect as follows:—

1. **Contacted**—Physical factors, such as sunlight, temperature, humidity, winds, chemicals, plants, and animals.

2. **Inhaled**—The air we breathe with dust, pollens, moulds, insects, bacteria, and chemicals.

3. **Ingested**—Foods, chemicals, drugs, moulds, and bacteria.

4. **Injected**—Antibiotics, drugs, serums, blood transfusions, and punctures by plants or animals.

5. **The body's internal environment**—Subjected to internal infections, or parasites, products of cysts or body organic substances escaping into abnormal positions; the so-called bacterial allergies; and auto-immune allergies.

6. **The emotional environment**—With its impact of stresses and strains, with family or business problems; the general struggle to live.

The types of allergic conditions (or diseases) are many, and may affect any part or system of the body separately, together, or differently at different times and at varying ages in individuals.

This appears to depend upon the hereditary factor, the quantity and quality of environmental contents, the degree of exposure, accidents, infections, emotional upsets, or other pre-disposing or precipitating causes. Most allergic people become sensitised to many things; and it may be the multiplicity of these at any time that is the precipitating complex.

Age often influences the type of sensitivities developed and the ensuing allergic disease, such as the tendency to food sensitivities in little children with greater development of inhalant sensitivities as they become older, and a greater tendency to eczema, hives, allergic bronchitis, and alimentary tract allergies in children.

with development of asthma, sinus troubles, urticaria, and migraine later.

These are, however, broad generalities only, with lots of variation.

The allergic conditions may be grouped into common and rarer. The more common ones are:—

Respiratory allergy: e.g., nasal and sinus troubles, including hay fever; allergic croup; allergic bronchitis; asthma.

Alimentary tract allergy: e.g., allergic gastritis; colitis and constipation.

Skin allergy: e.g., infantile eczema; flexural eczema; urticaria (hives); angio-neuro-odema; contact dermatitis.

Vascular allergies (blood vessels): e.g., migraine.

Joint allergies: e.g., allergic arthritis; rheumatoid arthritis; rheumatic fever.

Eye allergies: e.g., allergic conjunctivitis.

Ear allergies: e.g., external and internal ear troubles.

Nervous system allergies: e.g., epilepsy and other rarer conditions.

The rarer allergies may affect the muscles, blood elements such as red and white cells or blood platelets, the urinary bladder or kidney; for example, cystitis, nephritis, and the whole group of diseases known as the collagen diseases.

Are allergies important?

Yes, these diseases account for many disabilities which, though in many cases mild, cause loss of days from school and days away from work; irritable temperaments; lack of concentration at school with poor results; inefficient work at business; and, in general, liability to infections.

In children, body development is poor, and in some cases abnormal (e.g., in chronic asthma, with abnormal chest development); in adults, poor health and nutrition generally.

If left uncontrolled, there may be a gradual progression downward, even untimely death in some cases.

It has been established that more than 100 million Americans suffer some form of allergy. Estimations in Australia have shown upwards of 50 percent of allergies in some communities. Eczema in babies may lead on to allergic bronchitis and asthma; some figures show that one in three of hay fever patients will develop asthma. There is also the ever present possibility that certain allergies can assume a dangerous acute form if not recognised and controlled.

Allergic respiratory trouble has a great tendency to become progressively worse with time, although a number of children will tend to lose these respiratory allergies as they develop. Nevertheless, to do nothing and wait for this is like "sitting on a powder barrel waiting for the lighted fuse to go out."

Some allergies change: At one time a person may suffer from eczema or hives, which may disappear, to be followed later by hay fever or asthma. There may even be a reversal of this order.

Sensitivities may change, with age development as mentioned above, or people may lose, or have certain sensitivities checked, only to develop others later.

Latent allergies may appear later in life, often following an infection, accident, or some big emotional turmoil, even though no obvious allergy was apparent earlier.

Are allergies infectious? No, your child will not "catch" asthma or hives from other children.

What to do about your allergy depends first on the degree of disability it is causing. Some people manage to live with their hay fever. The important things to note are:

1. Is the trouble recurring frequently without high temperature rises or recurring seasonally?
2. Is it becoming worse or progressing to other forms?
3. Is it affecting eating, sleeping, business or schooling, or powers of concentration?
4. Is it causing increasing irritability, impatience, or tantrums in children?
5. Have you discussed the problem with your family doctor?

Various things may be tried to combat allergies:

- (a) Your observations as to offending allergens may prove helpful — here the multiplicity of sensitivities and/or season variations may complicate matters.
- (b) Diet elimination or modification may be tried — again a long, tedious, and rather unrewarding task.
- (c) You may try moving to a different area or changing your job. But this may be frustrating and cause economic loss.
- (d) You may struggle on with various anti-allergic drugs — often changing from one to another, but never really getting anywhere. (Never do this without your doctor's advice.)

The only real answer, if your trouble warrants it, is to seek the advice of the

doctor in whom you have confidence, and then have a complete and methodical investigation — first, to be sure it is an allergy; then, to find out the real or probable causes. There are specialist physicians who can do this for you.

Following this, the control treatment of your allergy will follow such lines as these: Elimination or avoidance of the allergens causing your sensitivities; building up an immunity, or tolerance, to inhalant allergies you are unable to avoid, such as pollens, moulds, insects, house dust, etc. — this is called desensitisation, or, more correctly, hypo-sensitisation; breathing exercises and certain other additional aids; institutional treatment if necessary.

The skin tests carried out by the specialist are not always 100 percent true, but are a very good guide, taken in conjunction with a detailed history and the experience of the specialist.

Can allergies be cured?

No, not in the usual sense that an infection can be cured. But elimination of the offending allergens and elimination of, or lowering, sensitivities to others by injection will almost cure the symptoms.

The treatment, however, may be long drawn-out; with some injections becoming further and further apart, over a long period, and with your trouble being gradually forgotten and your general health becoming normal. Further sensitivities may develop later, but can be successfully treated.

Finally, success with allergies requires eternal vigilance — and helping to further the scientific study of allergy in any way within your power.

● **Bronchitis is an inflammation of the bronchial tubes or bronchi — the air passages which carry air to the lungs.**

In acute bronchitis, the inflammation is transient, lasting only a few days or weeks. Acute bronchitis usually develops following a cold which "goes to the chest." The patient has a temperature, feels ill, and coughs much yellow sputum. The inflammation settles down gradually — or more quickly if the patient is treated with antibiotics.

In chronic bronchitis there is a persistent inflammation of the bronchi. The patient then has a constant cough, with sputum, often worse when he gets out of bed in the morning. In the early stages the cough occurs particularly during each winter. But as the disease progresses the cough becomes more constant throughout the year.

Chronic bronchitis may follow repeated attacks of acute bronchitis, or may result from repeated irritation of the air passages by inhaled smoke, dust, and fumes.

Chronic bronchitis is more common in cigarette smokers than in non-smokers; more common in heavily industrialised towns and cities than in country areas; more common in dusty jobs than in other occupations.

In these days everyone is aware of the importance of having regular chest X-rays from the mobile X-ray units, particularly as a check against tuberculosis.

It is surprising to some people that both acute and chronic bronchitis often show

relatively little change in the chest X-ray. The explanation is simple. The air passages or bronchi do not show up at all clearly on a chest X-ray, and inflammation which is confined to the bronchi, without any spread to the lung, may pass unnoticed.

However, chest X-ray examination in patients with bronchitis is still very important — but mainly to exclude other chest diseases. How often does one hear the story of persistent cough attributed to "bronchitis," and treated with various cough mixtures, until a chest X-ray shows that the cough is due to tuberculosis, or other chest disease, requiring urgent treatment?

Bronchography

Although the bronchi do not show up clearly on the usual chest X-ray, they can be demonstrated by a special X-ray technique, known as bronchography. For this, the bronchi are anaesthetised with local anaesthetic and a special oil is injected into the air passages, spreading downwards to coat the inner surface of the bronchi.

A chest X-ray now shows the bronchi clearly outlined, dividing into smaller and smaller branches, in both lungs, like the branches of a tree standing upside-down. This X-ray picture is termed a bronchogram. It shows the whole bronchial tree very clearly.

Although this X-ray technique has been used for many years, it is only recently that the changes in the bronchogram produced by chronic bronchitis have been recognised. Not everyone with chronic bronchitis needs a bronchogram to confirm

BRONCHITIS

the diagnosis. But in particular cases it may be a very helpful investigation.

Bronchitis may lead to a narrowing of the air passages, especially the smaller ones, with consequent partial obstruction to the flow of air to and from the lungs. This narrowing is usually worse when the patient breathes out, because the bronchi tend to widen during inspiration and narrow during expiration.

When bronchitis is associated with this obstruction to the air passages, the patient will notice, in addition to his other symptoms, some shortness of breath, particularly on exertion, tightness in the chest, and wheezing.

In acute bronchitis, these symptoms are usually transient, passing off as the acute bronchitis clears up. In chronic bronchitis the same symptoms may be very persistent, although possibly changing in severity from day to day.

Recently, various new techniques have been devised to measure the severity of obstruction to air flow. These tests are based on the principle that obstruction to air flow, from the lungs, prevents the patient from blowing air out of his lungs quickly.

A simple test is to blow out a lighted match. A normal person can blow out a lighted match held at arm's length from the mouth. But when bronchial obstruction is present, the match must be held close to the mouth. The greater the obstruction to breathing, the closer the match must be held to the mouth before it can be extinguished by blowing.

There are more refined medical tests, which measure accurately the rate of maximal air flow during expiration, but the principle is the same. In the normal

subject, breathing out as fast as possible, the air may reach a maximal velocity exceeding two gallons per second (600 litres per minute), although naturally this velocity is maintained only for a fraction of a second.

Usual treatment

In cases of severe bronchial obstruction, the maximum velocity attained may be only one-tenth of this figure.

Treatment of acute bronchitis is much the same as that given for other infections of the respiratory tract. Antibiotics are usually prescribed, together with bed rest, light diet, and cough mixtures. Recovery mostly is rapid.

In children, recurrent acute bronchitis may occur on a basis of allergy. Often the inhaled, or ingested (by mouth), substances causing the allergy may be difficult to detect. However, where allergy seems a likely factor, the antihistamine drugs may suppress the allergic reaction, reducing the number of attacks of bronchitis. (Antihistamine drugs include diphenhydramine, promethazine, dexchlorpheniramine, and many others.)

In chronic bronchitis, treatment is more prolonged. Obviously, the first principle is to avoid as far as possible any irritation to the bronchial tubes, including cigarette smoking. Although the advice to stop smoking is given emphatically, too many confirmed smokers tend to disregard it. Antibiotics are used for any episodes of acute infection.

When there is bronchial obstruction present, various bronchodilator drugs may be used to relax muscle spasm in the walls of the bronchi, and so widen the air passages. These drugs include ephedrine, isoprenaline, orciprenaline, aminophylline, and many others. This treatment is often given in tablet or mixture form by mouth, but in severe cases it may be more effectively given by inhalation.

BRONCHITIS (cont.)

Recently, bronchodilator inhalations have been marketed in pressure-pack containers. These are similar to the pressure-pack containers for household products, but smaller, and modified to deliver only a fixed dose of the contents at each use.

A further recent development, in hospital treatment, has been the administration of bronchodilator inhalations by intermittent, positive-pressure respirators. With a respirator of this type, the patient holds an air-tight mask to his face, and breathes from a cylinder of compressed air or oxygen.

The respirator is so designed that it switches on automatically when the patient attempts to breathe in, and switches off automatically when inspiration has been completed. The bronchodilator inhalation is added to the inspired air or oxygen, and in this way carried evenly to all parts of the bronchial tree.

The relief given by this therapy is usually temporary, but still, much appreciated by the patient with severe obstruction to his air passages.

Although medical science is advancing in the treatment of chronic bronchitis, the logical approach must be toward prevention of this disease. At present much investigation is being done into the early stages of chronic bronchitis, and the factors that initiate the condition.

The cause is not fully known. But it is obvious that irritation of the bronchial tubes is a major factor.

At present it seems that the most important preventive measures will be the elimination of bronchial irritants, such as smoke, dust, and fumes.

Efforts to prevent cigarette smoking, to keep air in cities free from pollution, and to reduce dust in industrial occupations may go a long way to prevent the onset of this often distressing disease.

CANCER IN WOMEN

● Cancer of the breast — the importance of self-examination

NOWHERE in the whole field of cancer is it possible to achieve greater success in curative treatment than in cancer of the breast, and womb, in women.

Successful treatment depends solely on early diagnosis, and early diagnosis rests almost entirely in the hands of women themselves.

Cancer of the breast is a commoner cause of female deaths in Australia than cancer in any other part of the body. In 1964, in this country, 1353 women died of breast cancer (509 in New South Wales). It has been estimated to attack about one woman in every 25 at some time in her life.

Co-operation

This cold, stark fact should stir us all into an active, whole-hearted co-operation, between an anxious patient, the specialty groups of the medical profession, the State cancer organisation concerned, and the public, to obtain a reduction.

We have good reason to believe — and strong evidence to prove — that this tragic toll of 1353 deaths a year can be substantially reduced.

In a study of cancer mortality in 24 countries, the Netherlands ranks highest,

with 24.19 deaths per 100,000 population per annum, followed by Scotland (24.17), Denmark (23.72), England and Wales (23.49), and South Africa (23.31). Australia ranks 15th (18.96).

The lowest mortality rate (3.76) is in Japan. It is approximately only one-sixth that of the Netherlands.

These surprising racial differences have great significance, and are the subject of intensive research as to the reasons.

Breast cancer is comparatively infrequent in societies where marriage is early, fertility is high, and breast-feeding is the rule. In Western countries, it is commonest in unmarried women, and among married women it decreases progressively with increasing fecundity. It is uncommon before the age of thirty. Australia follows this typical Western pattern.

Why do so many women die, needlessly, from this disease every year? The answer is found in two simple words—"ignorance" and "delay." Too many people still think that the outlook in breast cancer is hopeless.

"Know very little"

We believe this is because they know very little about it, or have been misled by the seeming hopelessness of the malady in friends and relatives who died from it. They do not realise that most of those who

lost their lives could have been saved — if they had recognised the signs and symptoms soon enough, and if they had received prompt and proper treatment.

We must, therefore, create an increased public awareness of this particular cancer problem. A significant response to early symptoms and signs, particularly in the alert, younger cancer age-group is our most important weapon in reducing the present high mortality. Early diagnosis and early and efficient treatment are your safeguard.

Campaign

The New South Wales State Cancer Council has conducted and is continuing a public education campaign, to emphasise the potentially grave significance of any lump in the breast; and has urged women who discover any lump to consult their doctor at once.

It is probable that, from the point of view of the greatest possible gain in early diagnosis, teaching women how to examine their own breasts is even more important than teaching the technique of breast examination to doctors; because it is probable that at least 98 percent of women who develop breast cancer discover their tumors themselves.

This discovery is, at present, often an accidental one, made while bathing or

CANCER IN WOMEN (cont.)

dressing. If instead women were taught to examine their breasts systematically, regularly, and in the correct manner, we have every reason to expect a great and rapid improvement in early diagnosis.

Report abnormalities

For the breast specifically, therefore, we must ensure (1) that the women of Australia are educated adequately in how to detect a breast abnormality; (2) that they carry out regular systematic self-examination; and (3) that they are motivated to consult their doctor immediately any abnormality is found; because while probably two out of every three lumps in the breast are not cancer, only the doctor can decide which one is. Therefore, every abnormality must be reported to him.

There is no better way to accomplish this, on a mass basis, than by the widest possible distribution of the instructive literature prepared by the New South Wales State Cancer Council, and by frequent showing of the excellent film "Breast Self-Examination" at lectures to organised groups of women.

Self-examination is a simple procedure in which it is not difficult to recognise lumps as small as 1.3rd inch in diameter. At this early stage, secondary growths are relatively uncommon, and the cure rate is in the region of 90 percent. It is a very different story with the larger lumps.

If, therefore, by such a well-organised method of teaching women to carry out self-examination, we could drastically change the proportion of patients with these small early lesions, we would have every reason to hope for real progress toward control of this disease.

Clinical impressions of the rate of growth of cancer of the breast lead us to believe that it takes from six to twelve months for a cancer to enlarge from a diameter of 1.3rd inch, at which it can be detected by women, by careful examination, and successfully treated; to a diameter of two inches, the mean size at which they generally come for treatment; but successful treatment then is problematical.

Early diagnosis of the small lump is, therefore, vital to successful treatment. In the breast especially, time is the essence of the problem. Having regard to this rate of growth, it is obvious that annual examination of the breast by a doctor is not sufficient.

If doctors are to detect breast cancer as early as palpation (manual examination) permits, and when treatment can be effective, they would need to examine their patients at least every three months. Doctors are unable, however, to provide this service for most women, and so self-examination is the only alternative.

Costs nothing

It is a means of protection available to every woman. It costs her nothing, and it can be repeated often enough for her to be reasonably efficient in detecting the disease at an early and curable stage. Our aim must be to induce women, by regular *monthly self-examination*, to push back in point of time the moment of discovery of breast lumps; so that they are found earlier, before they have had time to give rise to secondary growths.

Yet, very importantly, we must not develop an abnormal fear of the disease.

Self-examination should be carried out once every month, after the completion of a menstrual period, when breast engorgement is at a minimum. Any pro-

posal to examine at more frequent intervals should be strongly discouraged.

The disease is not common before the age of 30 years. Therefore this is the age, in general, at which the risk begins.

Object of examining the breast is to detect a single isolated lump. Multiple lumpiness is seldom significant; but one part of the breast definitely different from all the rest is significant.

Examination should be done to a set plan. Haphazard examination may miss some of the signs you should look for.

Breast self-examination is carried out as follows:—

STEP 1

Sit straight before a mirror, first with arms relaxed at the sides, and then raise high above head. In each position, observe whether any of the following changes have occurred:

- Any alteration in the size or shape of the breast.
- Any abnormal puckering, dimpling, or sinking of the skin.
- Retraction or sinking of the nipple.
- Rash around the nipple.
- Bleeding or discharge from the nipple.
- Lifting or elevation of the breast, or nipple.
- Any sore on the skin of the breast.

STEP 2

Lie down, place a folded towel or small pillow under the left shoulder; raise the left arm and place hand under head. With the flat of the fingers of the right hand, feel gently the inner part of the left breast, from nipple line to breast bone, and from top to bottom. (Less than 20 percent of cancers occur here.)

STEP 3

Bring the arm down to the side and feel gently the outer half of the breast. Since this is the area of most danger, it should be examined with special care. Give particular attention to the upper outer quarter, where most cancers of the breast occur (some 47 percent).

STEP 4

Follow Steps 2 and 3, similarly, for the right breast; but using the left hand for palpation. Remember that cancer of the breast in its early stages is usually painless.

To sum up, the signs of what might be breast cancer that should send you to your doctor right away are:

1. Any lump in the breast.
2. Any deformity or alteration in the shape of the breast.
3. Lifting or elevation of the breast or nipple.
4. Retraction or sinking of the nipple.
5. Dimpling or sinking of the skin.
6. A rash around the nipple.
7. Bleeding or discharge from the nipple.
8. A swollen node or "gland" in the armpit.
9. A sore on the skin of the breast.

People in N.S.W. desiring more information may communicate with the New South Wales State Cancer Council, Box 4383, G.P.O., Sydney.

It will gladly supply literature on request. This sets out clearly, with narrative and diagrams, all the steps in self-examination. Further, it will arrange for a lecture to be given at a mutually convenient time by the Medical Director, Dr. A. B. Lilley, to any women's organisation which makes such a request, anywhere in N.S.W.

Other States have similar organisations at which inquiries can be made on the availability of literature, etc.

THE PAPANICOLAOU TEST

● Last year some 40,000 women over the age of 35 died in Australia, and of these, almost 400 died of cancer of the neck of the womb.

THIS means that about one woman in 100 dies of the disease. As the total female population of Australia is approximately 5½ million, a simple calculation will show that of those living today some 55,000 — equivalent to the entire population of a city the size of Launceston — will die of this disease if nothing is done about it.

The question then arises, "Is there anything that can be done about it?" And the answer is a most emphatic "YES."

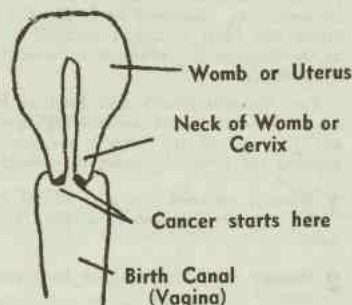
Perhaps of all lethal cancers, this is the one most readily accessible to early diagnosis, by means of a simple and painless test, at a stage when cure can be virtually guaranteed; so that the great majority of deaths from this disease could be prevented.

In order to explain this test, it is perhaps best to start with a simple description of the relevant part of the female reproductive tract.

The womb, or uterus, is a pear-shaped, muscular organ in which the baby develops during pregnancy. It is joined by its narrow lower end to the top of the birth canal or vagina. (See sketch.)

This lower end of the uterus, by which it is joined to the vagina, is known as

the neck of the womb or cervix (pronounced servix); it has a narrow orifice which permits the escape of material from the uterus during menstruation and is capable of stretching to allow the birth of a baby.



It is the surface lining of the cervix with which we are concerned, as this is the seat of one of the commonest and most serious cancers which afflict women.

Cancers in this situation do not, as a rule, produce symptoms until they are well advanced, and by this time the prospects of cure are not good. Treatment usually involves extensive, mutilating surgery, often combined with X-ray therapy, and even in the best centres little better than one patient in three with the disease survives for more than five years. Two out of every three patients can look forward only to a long and very unpleasant illness, which will terminate in death.

Today, thanks to the pioneering work of Papanicolaou, there is no good reason why any woman in a civilised community should suffer this fate.

Dr. George N. Papanicolaou was born in 1883 in Greece, and gained his medical degree from the University of Athens in 1904. His interests lay in medical research, so in 1913 he and his wife, Mary, migrated to the United States, where they lived until his death in 1962.

Long before Papanicolaou's time, it was well recognised that the surface cells of the skin, and of the linings, of the hollow organs of the body were being continually shed, and replaced by younger cells from the deeper layers. In 1917, Papanicolaou interested himself in the microscopic study of the cells shed from the birth canal. He was interested at that time in the appearance of the cells at different stages of the menstrual cycle.

In 1923, he observed some unusual cells, and on investigation found that the woman from whom they came had cancer of the cervix. He then examined cells from other women suffering from cancer of the cervix, and found that the abnormal cells were regularly present.

Of far greater significance, however, was the finding of similar cells in a few women who had no obvious signs of cancer; and from this he concluded that the changes in the cells appeared before the disease became fully established.

He of course devoted much time and effort to confirming his findings, and in 1928 he published an account of his observations, in which he wrote: "The first observation of cancer cells in a smear of the uterine cervix gave me one of the greatest thrills I ever experienced during my scientific career."

This early work of Papanicolaou was slow to gain recognition, but despite discouragement he persisted. In 1943, sufficiently convinced that his method could detect early cancers long before they gave rise to symptoms, he published, together with Dr. H. F. Traut, a book on the subject. By this time the medical profession had become more receptive to his ideas, and his claims were soon confirmed at several major research centres in the U.S.A.

What then happened (to quote Papanicolaou's own words) "... may be com-

The Papanicolaou Test (cont.)

pared to an avalanche, which once started rolling, constantly kept gathering speed and more strength, imparted to it by the many contributions of gifted investigators who devoted their talents to this field."

Soon after the war, centres throughout the world began to practise Papanicolaou's method for the early detection of cancer of the cervix. It is now widely accepted as a simple, painless, and reliable method of detecting cancer in its earliest stages, when it can be eradicated by comparatively minor surgery.

An interesting fact which has emerged from these studies is that cancer of the cervix usually develops very slowly — in fact, the cellular changes which indicate that a cancer may be developing can sometimes be recognised ten years before the disease reaches the stage when it causes symptoms.

Women frequently ask, "What causes cancer of the cervix?" The plain and simple answer is that we just do not know. As with most cancers, there is probably no single cause, but rather a variety of causes, which might predispose to the disease in susceptible individuals.

We know, for instance, that standards of hygiene of both husband and wife are probably important; that cancer of the cervix is much commoner in women who have borne children than in those who have not; that mothers of large families are more likely to develop the disease than those who have had fewer children.

We know, too, that the condition does not run in families; that it occurs most commonly around about the age of 50; and that it probably, in most cases, develops slowly and insidiously over a period of several years.

Some authorities have expressed concern that "The Pill" might predispose to

the development of cancer, but there is, at present, no evidence whatsoever to incriminate it.

Recently, much sensational publicity was given to the view that, because at certain times male sperm cells are able to penetrate the cells of the cervix, cancer of the cervix is related to the frequency of sexual intercourse. Few would consider the evidence for this claim in the least convincing.

In many diseases, it is necessary to find the cause before prevention or cure is possible; fortunately, this does not apply to cancer of the cervix, which, provided it is diagnosed early enough, can be readily eradicated. The Papanicolaou test provides us with the means of achieving this.

Today, thanks to widespread publicity, most women are aware of the test and many have already taken it. This year, in New South Wales alone, over 100,000 will be examined. Yet there are many hundreds of thousands more who, for reasons of fear, lack of interest, or uncertainty, hesitate to undergo examination.

Many, it seems, fear the test because they do not have a very clear idea of what it entails. They may be reassured by a few words of explanation.

"A few minutes"

To collect the specimen, the doctor inserts a tube into the birth canal to enable him to see the cervix. Through this instrument, he is able gently to scrape some cells from the surface lining. He smears them on a glass microscope slide, which he sends to the laboratory for examination. The whole procedure takes no more than a few minutes, and is quite painless.

Though many hospitals now run cancer-detection clinics, where these tests are

carried out, the demand is so great that most are booked up for weeks or months ahead. However, large numbers of family doctors are today taking part in State-sponsored cancer-detection programs, so that no woman need be deterred by inconvenience or delay entailed in attending a hospital clinic.

She has simply to consult her family doctor, who can take a specimen and send it either to a private or to a government-sponsored laboratory for examination. Within a week or two the result will be returned to him. As the examination is covered by medical benefits, the cost to the patient is small.

How frequently?

One is often asked who should take the test and how frequently it should be repeated. Ideally, all women over the age of 20 should be examined annually. But to attain this ideal is clearly impracticable, as the number of examinations would be astronomical.

The National Health and Medical Research Council, after considering expert advice from all the States, has recommended the following order of priorities:

- 1 Women between the ages of 20 and 50 who have, at any time, been pregnant.
- 2 Women over 50 who have been pregnant.
- 3 Women over 30 who have never been pregnant.

They recommend that these groups of women should have an initial specimen examined; followed by another, one year later. If these are both negative, subsequent examinations should be carried out at three-yearly intervals.

As the evidence suggests that cancer of the cervix generally develops slowly, over a period of years, the great majority of women should not be in any real danger during the three-year intervals between examinations.

It should hardly be necessary to emphasise the importance of seeking medical advice should unusual symptoms develop at any time.

That, then, is the story of the Papanicolaou test and what it can do. For "... one of the greatest contributions of the century to the health of women," Dr. G. N. Papanicolaou had conferred upon him the 1957 Centenary award of the General Federation of Women's Clubs of the U.S.A.

Yet, despite this great advance, there are still those who say, "We all have to die sometime; if I am to die of cancer of the cervix, I would rather not know about it now."

To which I would reply: "Sure, we all have to die. But some deaths are a lot more painful and unpleasant than others, so why not try to avoid them if possible?"

If you do happen to be one of the few who have a positive test, you have not suffered a misfortune; on the contrary, you have been fortunate indeed.

Treatment is not urgent and you can arrange, at your convenience, to have the condition dealt with by a relatively minor operation, instead of having to face a much more serious situation later.

The chances are, however, that you will get a negative report, as the odds in favor of this are very large. This should be considered, as it must surely be a great comfort to know that you are not developing this unpleasant disease.

Don't you think, therefore, that you owe it to yourself and your family to take this simple test?

WE now know that diabetes mellitus (the common form of the disease) is due to a lack of insulin, a hormone produced by the pancreas gland.

Insulin is necessary for the use of sugar as energy by the body. If there is a lack of insulin, the body is unable to use the sugar derived from food or the body stores. As a result, the sugar in the blood rises to high levels and is lost in the urine.

The loss of large amounts of sugar in the urine results in the typical symptoms of diabetes—namely, passage of large volumes of urine, thirst, weight loss, and weakness.

Inheritance of diabetes

The inability to form insulin is inherited. An abnormality in insulin production may be present for many years before a diabetic is aware of his disease and seeks medical advice.

The precise defect inherited is not known, but studies performed during the past couple of years suggest that the cause of diabetes is the presence in the blood of an anti-insulin substance which stops insulin from acting and eventually destroys the insulin-producing parts of the pancreas.

The type of inheritance means that if both parents are diabetics, a child has a 100 percent chance of developing diabetes; and the brothers and sisters of a diabetic person have a 25 percent (1 in 4) chance of developing the disease at some time in their life.

Surveys in western European countries indicate that 1 percent of the population have diabetes, and another 1 percent have mild diabetes but are unaware of it. The hereditary factor is calculated to be present in about one person in 20. On

the basis of these figures we can expect that there are about 100,000 diabetics in Australia and also 100,000 people who have as yet undiagnosed diabetes.

Education

The widespread availability of modern treatment methods has, however, revolutionised the outlook for the diabetic, who can now lead a normal life with only moderate restrictions on his diet, job, or recreation.

An important aspect of treatment is education of the patient. He has to learn to live with his disability so that neither he himself nor his family and friends need regard him as essentially different from the normal.

As diabetes is inherited, inability to form insulin will always be present in the patient, who must realise that, while the disease can be controlled, it cannot be eliminated. Many diabetics find it hard

to understand that once their symptoms have been controlled by treatment, they must continue under medical supervision for the rest of their lives.

Information regarding diabetic problems is available through the Diabetes Federation of Australia. All diabetics are urged to join this body, which can do a great deal through education and combined effort.

Diet

For many years the diabetic was taught that life depended upon the ability to stick to a rigid diet. Although we know that diet is important, it is now apparent that use of "exchange diet tables" allows a patient to vary his meals from day to day to fit in with his requirements, without the necessity of weighing each item.

He should be so conversant with his diet that he can eat out, at the home of a friend or in a restaurant, without restric-

tion being obvious. For the overweight diabetic, however, it is vitally important to lose weight; and there is no short cut but strict dieting to achieve this.

Urine testing

The diabetic must test his urine regularly for the presence of sugar. In the past the urine had to be boiled, and as this was cumbersome, many diabetics failed to co-operate. But simple methods using tablets or paper "dip-sticks" are now available. Patients can even test their urine during the day at work.

Insulin

Though all diabetics need a regulated diet, only about a quarter of them can control their diabetes through diet alone. The other three-quarters require insulin injections, or tablets, or a mixture of insulin and tablets.

Injections are necessary in the more severe degrees of the disease, and virtually all children with diabetes require insulin treatment. Ten types of insulin are available. Choice of a particular type is made by the patient's doctor.

Most diabetics having injections require only one per day. But a small proportion, especially among children, is better managed on two injections; one in the morning and one at night.

Much confusion has occurred in the past due to poorly marked insulin syringes, this resulting in patients giving themselves the wrong dose. The Diabetes Federation of Australia has therefore chosen a design for a diabetic syringe. It is now widely used in diabetic clinics. Main advantages are that it has only one set of markings, which are well spaced, so

DIABETES

● Although the disease diabetes mellitus was first described in the ancient Egyptian Papyrus Ebers, 3500 years ago, and given the name of diabetes by a Roman physician in the first century A.D., it is only in the past 50 years that any worthwhile progress has been made in the understanding of its cause and treatment.

DIABETES (cont.)

that patients with poor vision can easily measure their doses.

Tablets

The introduction of tablets to control diabetes ten years ago was one of the major advances in modern medicine. Almost half of all diabetics are now so treated.

The tablets do not contain insulin, but require that there be some insulin in the body for their action. For this reason they can be used only in mild diabetics, whose pancreas can still produce a small amount of insulin.

Their use is thus mainly for the older (over 40) diabetic, rather than for younger patients, whose diabetes is usually more severe. In some younger patients, however, the use of a tablet, together with insulin injections, reduces the amount of insulin needed, making control of their disease much simpler.

Complications

Now that treatment of diabetes is so much more effective, a great deal of attention is being given to the development of the so-called complications. These are the long-term effects on arteries in the limbs, heart, kidneys, and eyes.

They usually appear 10 to 20 years after the disease first causes symptoms. Thus they are mainly a problem in the young diabetic as he reaches his mid-thirties or forties; in the prime of life, with heavy family commitments.

Though not all doctors agree, most specialists in this field consider that the complications can be greatly reduced by

good control of the diabetes. It is this preventive aspect of treatment that is now being strongly impressed on patients.

By careful control of their diabetes from the very beginning of treatment, with frequent urine testing, adherence to diet, and periodic medical check-ups, the incidence of complications ten years later can be reduced.

Pregnancy

Until very recently, pregnancy in diabetic women caused still-births or miscarriages in almost 50 percent of cases. But now, with early admission to hospital, several weeks before the baby is due, and careful treatment of the diabetes, the number of still-born babies has been reduced to only 10 percent.

This, however, is still higher than in normal mothers. It is hoped that research will reduce this to near normal.

Pre-diabetes

With the improvements in medical care now available, we can anticipate that the number of diabetics in the community will increase. As the disease is inherited, it should be possible to pick prospective diabetics a long time before they develop symptoms. A great deal of attention is being focused on this problem at the moment, so that treatment of patients in this phase of "pre-diabetes" may prevent them from developing the disease later in life. This preventive approach, now the major goal in treatment of diabetes, is still only in the research stage. So far, all we can do for the relatives of a diabetic is to make sure they are aware of the symptoms of diabetes and avoid becoming overweight.

Recent advances in

HEART DISEASE

● Many notable advances have occurred in the treatment of heart disease over the past few years.

TWO of the most remarkable achievements, in the opinion of the writer, have taken place in the treatment of the condition called complete heart block, and in the treatment of diseased heart valves by replacing them surgically with artificial ones. These two quite separate problems are in the process of being satisfactorily solved.

Complete heart block is a condition which most commonly occurs in elderly patients, and is characterised by marked slowing of the pulse to about 30 beats per minute. Such a slow pulse is in marked contrast to the normal pulse rate of about 80 per minute.

Normally, after exercise, the pulse rate speeds up proportionately to the exercise, and after very severe exercise it may be as high as 150 beats per minute, to increase the blood supply to the various muscles of the body.

However, in complete heart block, the pulse rate remains completely fixed—even

after exercise—at its very slow rate of approximately 30 per minute.

The condition of complete heart block is due to a degeneration of the nerve fibres which control the heart. In many cases, this nerve degeneration is simply due to a "wearing out" process consequent to old age.

The heart is often otherwise completely healthy, but it is simply unable to maintain its normal rate or increase the rate after exercise. Occasionally complete heart block occurs after some types of heart surgery, and as such it must necessarily occur in younger patients.

In complete heart block, any one or all of the following three symptoms may occur.

Firstly, the patient, because he is unable to increase his heart rate on exercise, becomes extremely breathless in attempting to walk quickly or go up steps, and he develops the condition termed congestive cardiac failure. This condition is simply due to failure of the

HEART DISEASE (cont.)

heart adequately to supply the various parts of the body with sufficient blood.

The second symptom which may occur is that the very slow pulse rate fails to deliver enough blood to the brain. Under these circumstances, the patient may become mentally retarded and lose all interest in his surroundings.

The third symptom, by far the most dramatic consequence of complete heart block, is where the heart temporarily stops for a period of eight to ten seconds,

Stokes-Adams attacks

In this condition, the patient immediately loses consciousness and literally drops to the ground. After a period of five to eight seconds, a convulsion usually occurs. Almost always, consciousness recurs a few seconds later, when the heart beat has once again restored itself.

These episodes are known as Stokes-Adams attacks, and are named after Dr. William Stokes, an Irish physician, and Dr. Robert Adams, a Scottish physician, who first described this condition in the last century.

As mentioned above, the heart beat is almost always restored, but occasionally this does not happen, and the patient dies.

Until some six years ago, it was not possible to do very much for patients suffering from complete heart block. Several drugs were available which would temporarily increase the heart rate, but on the whole the management of this condition was most unsatisfactory.

It has been known for a great number of years that a small electrical impulse, applied to the heart directly, could make

it beat at any required rate. It had been the dream of heart specialists all over the world to develop a method whereby the heart could be artificially stimulated in the condition of complete heart block. About six years ago, doctors in the United Kingdom, Sweden, and the United States conferred with engineers and electronics experts, and they eventually devised a small, compact, and extremely efficient artificial pacemaker.

The modern pacemaker is about the size of a matchbox. It contains mercury batteries, and a complicated electronic circuit which can deliver an electric discharge at any required rate, for up to a period of three to four years. In practice, the pacemaker is encased in an inert material; and wires leading from this unit can be attached to the heart.

Two techniques are now available. The wires from the pacemaker can be directly stitched on to the surface of the heart and the pacemaker itself is buried under the skin. This, of course, requires a surgical operation, but it is nevertheless a comparatively simple and safe procedure. In other cases, the wires can be led into the inside surface of the heart, through a vein, and the pacemaker unit is once again inserted under the patient's skin.

No discomfort

Both methods are equally effective, and the particular method used in any patient depends on the choice of the surgeons and the patient's individual requirements. The implantation of the pacemaker under the skin carries no discomfort, but the patient may be aware of a "lump."

When the battery eventually fails after a period of some years, or should the pacemaker break down because of a technical



● Artificial heart valves. The larger is for low pressure flow, the smaller for high pressure flow, in different parts of the heart. Note the size in relation to a shilling.

fault, it is fairly simple for the surgeon to replace the pacemaker.

Thousands of such pacemakers have been implanted in patients all over the world in the past six years. This operation is now a routine one in the major hospitals of Sydney and other capital cities of Australia.

The results are extremely gratifying. Patients suffering from complete heart block, who have had symptoms of either extreme breathlessness on exertion, recurrent attacks of unconsciousness, or severe mental retardation, are now leading quite normal lives.

The evolution of the artificial pacemaker can be hailed as one of the most remarkable developments in medicine over the past few years. It demonstrates the ingenuity of the electronics expert, and the remarkable results which can be achieved when the heart specialist and electronics engineer get together and solve such a comparatively complex problem.

The other most remarkable advance that has taken place in the treatment of heart disease has been the introduction of artificial heart valves. This achievement also has been the result of collaboration between heart specialist and engineer.

The valves of the heart are most delicately designed leaflets which allow blood to flow in one direction only. However, disease in the heart valves can occur either before or after birth.

Before birth, blockages or leakages of these valves may occur, due to infection in the mother by German measles or other causes as yet unknown. Following birth, damage to these valves may occur subsequent to rheumatic fever. In either case, such blockage or leakage of a major heart valve can lead to chronic cardiac disability in later life.

Until some five years ago, it was only possible to deal directly by surgical means with heart valves which were blocked. The surgeon was in a position to place an instrument into the blocked valve which would enlarge the blockage, and thus allow blood to flow freely. However, in the case of a leaking valve, it was very difficult for the surgeon to deal with this. In some cases he could try to repair the valve, but in many instances, such repair was unsatisfactory.

Many attempts have been made in the past to develop a satisfactory artificial heart valve, but most were unsatisfactory. Some five years ago an American heart surgeon, Dr. Albert Starr, working at the University of Oregon Medical School, Portland, collaborated with an engineer, Mr. Lowell Edwards, in devising a better valve.

These Starr-Edwards valves consist of a cage of Lucite, which is made of a very special metal, a ball of silicone rubber, and it is stitched into the heart by a

INFECTIOUS HEPATITIS

● In A.D. 751, Pope Zacharias wrote to St. Boniface, Archbishop of Mainz, about an outbreak of jaundice among the Germans, stating its infectious nature.

HEART DISEASE (cont.)

margin of knitted teflon cloth. Mr. Edwards subjected the valves to fatigue tests, which showed no appreciable wear after the equivalent of more than 40 years' use.

Following much experimental testing of the valves, they were first used in patients some five years ago.

Before a decision is made to do heart surgery on any patient, it is necessary to admit the patient to a specialised cardiac centre for a few days, for a series of special tests. These tests include the taking of a detailed history, physical examination, electrocardiogram, and venous X-rays.

The patient then undergoes a comparatively minor operation, called cardiac catheterisation. This procedure is done under a local anaesthetic.

A thin, hollow flexible tube — called a cardiac catheter — is inserted into a vein or artery in the arm, or occasionally in the leg. Watching under an X-ray screen, the heart specialist guides the tip of the catheter into various parts of the heart, where pressures and blood samples are measured.

It is thereby possible to determine the severity of valve damage. It is also possible to inject various substances in the catheter which pass directly into the cavity of the heart. By this means, further special X-rays can be taken and additional information obtained.

A few days later, a special meeting is held, attended by the heart specialists, surgeons, and radiologists. After long and careful deliberation, a decision is made as to whether the patient requires operation.

Once the decision to operate has been made, a lot more time is spent on deciding whether the patient's valve can be simply split or whether it will need to be replaced, using a Starr-Edwards valve.

Replacing a valve

If the decision is to replace the valve, the patient is readmitted to hospital after an appropriate interval. It is necessary for such a patient to be in hospital for one to two weeks before the actual operation, while he is prepared for surgery by use of special heart drugs.

The replacement of a cardiac valve is an immensely complicated procedure which requires the closest team-work by the heart surgeon, heart physician,

THE term "jaundice" means a yellow staining of the skin and whites of the eyes. There are many different causes of jaundice in man, some infective, many unrelated to infection. It is of interest that the outbreak referred to by Pope Zacharias was recognised at that time to be contagious.

During later centuries, outbreaks of jaundice were frequent in times of war; for instance, during the American Civil War and World War I.

anaesthetists, and the doctor and physiologist who operate the heart-lung machine.

To replace a heart valve, it is necessary to artificially stop the heart, and temporarily replace the function of the heart and lungs by an extraordinarily complex apparatus called the heart-lung machine.

This is a very specialised pump, which is attached to the anaesthetised patient, when it takes over the function of the patient's heart and lungs. It literally pumps the blood, and breathes for the patient, while the surgeon can operate on the heart.

The surgeon opens up the chest, enters the heart and cuts out the diseased valve, and replaces it with a Starr-Edwards valve. This procedure takes from three to eight hours.

Many thousands of such valves have been inserted all over the world. Many hundreds have been placed in patients in Australia. The results to date have been extremely gratifying. Results in this country to date have been as good as anywhere in the world.

Although the Starr-Edwards valve is as yet by no means perfect, it nevertheless points the way to a most exciting, and revolutionary, approach to treatment of one of the major scourges of our time.

World War II was no exception. Our troops contracted the disease in the Middle East especially, and with the movements of large numbers of troops and civilians to other countries, the disease was widely disseminated.

In Australia its incidence seems to have increased markedly since the war and in 1965 its prevalence was high in many suburban areas.

The true nature of epidemic jaundice was not known for many years.

Now we know that a number of different infectious diseases can cause jaundice. But the commonest in our community, by far, and that which caused most of the jaundice in our troops during the war, is "infective hepatitis", due to a virus. The viruses are living organisms, too small to be seen by microscopes, which can magnify up to 2000 times using ordinary light. To photograph most viruses, an electron microscope is needed, which can magnify 20,000 to 40,000 times.

Yellowed skin

The word "hepatitis" simply means inflammation of the liver, an important organ of the body supplying chemical fuel for muscles and other organs. The liver also processes, and eliminates, bile, which is colored a greenish-yellow by pigments derived from broken-down red blood cells.

Hence, if liver function is disturbed, these pigments, not being properly dealt with, collect in the blood and tissues, instead of being eliminated from the body. The skin and whites of the eyes appear yellow as a result. Some of these pigments then are removed from the blood by the kidneys, and color the urine dark brown.

This brown discoloration of the urine is often noticed by the patient early in hepatitis, before any jaundice can be seen in the skin or eyes.

How does a person become infected with the hepatitis virus?

Investigators have found that the virus can survive outside the human body in food, milk, or water for long periods of time. It can withstand freezing and a wide range of temperature; and it can survive chlorination in the doses usually employed for water purification.

It causes a bowel infection, from which it spreads in the blood to the liver. Hence, the patient's excreta and blood contain virus, and as a result are infective.

If such a person — who may not know he is harboring virus — should accidentally contaminate food, the virus may be consumed by other people. The same applies to water and milk. In Delhi, for instance, a large outbreak resulted one year when the river level fell during a drought and sewage was accidentally drawn into the city's water-intake pipes.

In many instances, it seems that children attending school or kindergarten pick up the virus from other children in whom the illness may be mild, and bring it home to the rest of the family.

The hepatitis virus, as far as is known, is not spread by air, except perhaps during the first few days of the illness.

One of the difficulties facing medical workers investigating the disease and its spread is that the virus apparently does not infect animals. Furthermore, until recently, it could not be grown in the laboratory, and even now few laboratories in the world are able to do so. Such investigative work can be done using the only known susceptible animal, namely, man. It is perhaps not surprising that volunteers tend to be limited to those who have time on their hands. In America, prisoners have taken part in some of this research work.

Infective hepatitis has a long incubation period, varying from two to seven

weeks. The first symptoms are often taken by the sufferer as being due to "influenza" or "gastric influenza"; but when the urine becomes dark brown in color, and loss of appetite, nausea, and vomiting persist, the true state of affairs becomes apparent. A simple test performed by a doctor may confirm that the brownish color of the urine is due to bile.

After a week or so of illness, jaundice may appear, although in some people it is so faint that it may not be noticed.

Quiet convalescence

In the case of average severity, jaundice fades in one to three weeks. But quiet convalescence for a month is advisable to minimise the risk of relapse, which sometimes appears to follow too soon a return to activity. One young woman, who suffered a second attack about ten days after recovery from the first attack, admitted that she had helped the family move house the day after she had come out of hospital.

If complete rest at home is possible, people suffering from hepatitis need not necessarily be admitted to hospital. It is often impossible, however, for the mother of a family of small children to rest at home, unless the children can be sent away to a kind relative or friend for a few weeks. Your doctor is the person to advise about hospitalisation, especially if he is not satisfied with the progress of the attack.

Occasionally, hepatitis may continue for some weeks without the jaundice fading. Should this happen, your doctor will advise admission to hospital, where tablets of the cortisone type may be needed to hasten clearing the jaundice.

When a person with hepatitis is being nursed at home, excreta should be disinfected with chloride of lime in a com-

mode, covered to keep out flies, for half an hour, before being flushed in the toilet. Because hepatitis virus can survive some time in water, the virus may be sieved out of river water or sea water by oysters, which then may transmit the infection if eaten raw.

In the home, separate crockery and cutlery should be used for the family member who has hepatitis, and these should be washed in boiling water after the rest of the family's dishes have been washed and put away. All food and milk should be protected against flies, especially in unsewered areas.

Fortunately, most attacks of infectious hepatitis clear up completely and leave no after-effects, as long as there has been sufficient convalescence. Very occasionally, the liver may be severely damaged and not recover, so that the disease has a fatal outcome; but it is rare for this to happen.

Those who have been in contact with a person who has developed hepatitis should be given protection by an injection of gamma globulin, a purified extract of blood taken from many donors, which contains antibodies to infective hepatitis. Such an injection will give protection for about three weeks, and be effective if given during the incubation period. Your doctor can administer gamma globulin, which is obtainable at his request from the Blood Bank.

Antibiotics such as penicillin do not affect the hepatitis virus and are of no use in treatment.

Are there any do's and don'ts for persons who have convalesced from hepatitis and are due to return to work? Certainly, alcoholic drinks should not be taken for at least six months after the attack.

Moderate exercise is in order, but severe exertion, or competitive sport, should be avoided for those six months. No restrictions need be placed on diet other than to avoid excessive amounts of fat,

which may upset the digestion at this time.

The fats contained in a normal mixed diet will do no harm.

Infectious hepatitis is probably the commonest infectious disease in the community at present, outside of respiratory infections, and the infectious diseases of childhood such as measles, rubella (German measles), chickenpox, and mumps. It is responsible for the loss of thousands of working man-hours each year.

It is important that all those handling food, either commercially in factories, shops, and canteens, or in the home, should observe scrupulous personal hygiene, thoroughly washing the hands after each visit to the toilet. This is particularly necessary because individuals become "carriers" of hepatitis virus.

Such persons may or may not have had a definite attack of hepatitis in the past, may feel quite well, and in fact be in normal health, but the virus may survive weeks, months, or even years, in the bowel, and be an infective danger to other people. Because of this any person who has had hepatitis should not be a blood donor.

Much research

A great deal of research work is being done on infectious hepatitis, and it is hoped that in time a vaccine may become available which will enable the individual to be immunised against this widespread, economically wasteful disease.

In N.S.W., where this article was written, infectious hepatitis is a notifiable disease and the State Health Department should be notified of every person developing the disease, so that an effort can be made to find the source of infection and how it is being spread. This is an essential step toward the ultimate control of the disease.

IMMUNISATION OF CHILDREN

THE medieval householder, with no knowledge of the existence of disease germs, and with no understanding of the nature of the infectious diseases or the means of their transmission from person to person, may well, in his ignorance, have attributed the miseries of his family to the chastisement of an offended Deity when, in fact, the bowel infections from which they suffered arose from his own grossly defective sanitary arrangements and his lack of personal hygiene.

Modern "civilised" man has made considerable advances in his understanding of the nature and causation of disease. It is now a matter of everyday common knowledge that there is a large group of diseases — from the common cold to the great pestilences — caused by "germs" which may be passed from one person to another, either directly through close contacts or by indirect means.

These disease germs, the most minute of all living things, invisible except under the microscope, may be in the air he breathes or may contaminate his food or drink; they may be lurking in the soil or be carried by flies or other insects.

With knowledge of the existence of this vast unseen world of disease germs has come understanding of means of protection against the constant menace of their attack, or of prevention of the diseases for

● *My privy and well drain into each other
After the custom of Christendie . . .
Fevers and fluxes are wasting my mother.
Why has the Lord afflicted me?*

which they are responsible — in many cases by the simple and effective procedure of "immunisation."

Man must, therefore, now accept his own full responsibility for the consequences of his own neglect to seek such protection and, should suffering come to his household, through serious illness, crippling, or death, which might have been averted, he will find no consolation in knowing that —

*This was none of the good Lord's pleasure,
For the Spirit He breathed in Man is free;
But what comes after is measure for measure,
And not a God that afflicteth thee.*

Bacteria and viruses

The disease germs with which we are particularly concerned in this article fall into two important classes, the "bacteria" (such as those which cause whooping cough, diphtheria, and tetanus) and the

"viruses" (such as those which cause poliomyelitis and smallpox).

Immunisation against a number of dangerous germ-borne diseases — though, unfortunately, not against all — is done simply by administering a series of doses of preparations, which are called either "vaccines" or "toxoids."

A "vaccine" (such as whooping-cough vaccine and poliomyelitis vaccine) consists essentially of a watery suspension of the disease germs themselves, which have either been killed or "inactivated" (as in the case of the Salk poliomyelitis vaccine), or have been so weakened, or "attenuated" (as in the case of the Sabin poliomyelitis vaccine), as to remove any possibility of their causing any form of illness or disease.

A "toxoid" (such as diphtheria toxoid or tetanus toxoid) is a preparation of the poison the germ produces which has been specially treated so as to destroy completely its poisonous properties.

These now harmless vaccines and toxoids

are nevertheless capable, when administered in a proper series of doses, usually by injection, of stimulating the natural defence mechanism of the body to produce and build up protective substances called "antibodies".

High degree of immunity

In the event of any threatened attack by the germs of a disease against which the person has been immunised, these protective antibodies act rapidly and powerfully either to destroy the invading germs or to neutralise their poisons. They thus provide a high degree of protection or immunity against the disease.

For example, the efficacy of the poliomyelitis vaccine may be judged from the fact that, during the outbreak of poliomyelitis in New South Wales in 1961-1962, the rate of protection afforded by this vaccine in the whole group of immunised children up to the age of 19 years was 97.6 per cent.

The degree of protection conferred by immunisation, and the duration of effective protection, varies with each disease, but may be measured in terms of years. In some diseases it may be necessary, after the first full course of immunisation, to give certain booster doses of the vaccine or toxoid, to make sure that a proper level of protection is kept up.

Germ-borne diseases against which effective means of immunisation are available, and which are of particular significance in Australia since they continue to occur in this country, are:

POLIOMYELITIS WHOOPIING COUGH DIPHTHERIA TETANUS

It is most strongly recommended that every Australian child should be fully immunised against these four diseases from the earliest possible age.

If immunisation against these diseases is started properly in infancy, as it should be, it is possible to reduce the number of injections which will be required by using what are called "combined antigens." These combined antigens are mixtures of certain vaccines and toxoids, the two in common use being "Triple Antigen" and "Combined Diphtheria-Tetanus Prophylactic" or "C.D.T."

Triple Antigen consists of a mixture of whooping cough vaccine, diphtheria toxoid, and tetanus toxoid, so that by using this combined antigen it is possible to begin immunisation against all three of these diseases simultaneously, rather than against each one separately.

Similarly, C.D.T. consists of a mixture of diphtheria toxoid and tetanus toxoid, so that it may be used, where necessary, for simultaneous immunisation against these two diseases.

Discontinued

A further combined antigen, "Quadruple Antigen," containing whooping cough vaccine, diphtheria toxoid, tetanus toxoid, and poliomyelitis vaccine — that is, in effect, a mixture of Triple Antigen and poliomyelitis vaccine — was produced in Australia a few years ago and was used

for a short time. Although entirely effective, it had certain disadvantages, and its use was discontinued.

Immunisation against whooping cough, diphtheria, and tetanus, by the use of Triple Antigen, should be started as soon as the infant reaches three months.

Since whooping cough is most prevalent — and most dangerous — in infants and young children, and since whooping cough vaccine may produce undesirable reactions in older children, immunisation against whooping cough should not, unless in particular circumstances, be carried out after a child has reached two years. This means, of course, that Triple Antigen (which contains whooping cough vaccine) should not be used after two years of age, though immunisation against diphtheria and tetanus may still be started, or continued, with C.D.T.

Boosters

If properly started in infancy, the first course of immunisation against whooping cough, diphtheria, and tetanus will have been completed within the child's first two years. As we have seen, by the age of two, the time for immunisation against whooping cough, or for any further injections against whooping cough, will have passed.

However, at five or six years, or when the child starts school, a booster dose of C.D.T. should be given to make sure that a proper level of protection against diphtheria and tetanus is maintained. This then completes the child's immunisation against diphtheria, and no further booster doses against this disease should then be required. Further booster injections against tetanus only, using "Purified Tetanus Toxoid," should, however, continue to be given every five years through adolescence and active adult life.

Immunisation against poliomyelitis should be started as soon as the infant reaches six months. Immunisation against poliomyelitis should not, at present, be started earlier than this, for the reason that the infant at birth will have a supply of poliomyelitis antibodies, which have been passed to it from its mother.

These inherited maternal antibodies are eliminated by the infant fairly rapidly, usually by the age of six months; but while they remain they may have the effect of interfering with the infant's proper production of its own lasting antibodies in response to the vaccine.

Salk, Sabin vaccines

Poliomyelitis vaccine at present in use in New South Wales is the Salk vaccine, which contains killed poliomyelitis viruses of all of the three known types.

This vaccine must be given by injection and the full immunising course consists of four doses given at appropriate intervals.

The Sabin poliomyelitis vaccine contains living poliomyelitis viruses which have, however, been so weakened or "attenuated" as to be quite harmless. This vaccine is given by mouth, sometimes directly from a dropper, or in a flavored syrup or on sugar lumps.

The Sabin vaccine is at present being used in Tasmania, but not in other Australian States.

Both the Salk and the Sabin vaccines produce a very high degree of immunity, and there would be little or no difference in the level of protection to the immunised individual which each produces.

The choice between these two vaccines depends on other considerations, which cannot be discussed within the scope of this article.

These diseases — poliomyelitis, whooping cough, diphtheria, and tetanus — all preventable by immunisation, are at pre-

sent the "Big Four" which, by reason of their continued occurrence in this country, present a constant threat, particularly to children.

There is, however, another highly dangerous disease against which the question of protective measures must be considered — smallpox.

Smallpox

Although smallpox does not at present occur in Australia, it has entered this country in the past, and, with increasing speed of modern travel, it could again be introduced from overseas.

It is, therefore, strongly recommended that all persons in Australia should be vaccinated against smallpox, not only as a wise measure of individual personal protection, but also in order to present the barrier of an immunised population against any threat of introduction and spread of this disease.

The best time for vaccination against smallpox is six months to four years.

Arrangements for immunisation may be made with your family doctor or (in N.S.W. against poliomyelitis only) at the Public Health Department's Immunisation Centre at 697 George Street, Sydney.

It requires only commonsense, foresight, and a minimum of effort to ensure that all members of the family are adequately protected.

A particularly grave responsibility lies with parents and others who have the health and lives of children in their hands.

With full knowledge of the causative agents of these dangerous diseases — that infinitesimally small and invisible array of the living germs of disease — and with safe, simple, and effective means of protection readily at hand —

*Thou art delivered to thine own keeping.
Only Thyself hath afflicted thee!*

Immunisation of overseas travellers

● Australians are fortunate to live in a country where effective public health campaigns keep communicable diseases — such as poliomyelitis and tuberculosis — in check, and where stringent quarantine precautions have never allowed pestilential diseases — such as smallpox and cholera — to gain a hold.

THERE are, however, many parts of the world in which such diseases may occur at any time in epidemic form.

Australians travelling overseas must realise that they will not only encounter social environments different from those they have been used to, but will expose themselves to physical conditions they have never previously met.

And if it is important that prospective travellers should leave Australia with their minds prepared to accept other people and other customs as they find them, equally it is essential that their bodies should be prepared to meet the challenges which the disease situation in some countries will pose for them.

Important for safety

Fortunately, modern medicine is able to prepare a traveller physically to face the new environments he or she will be entering by immunisation against the serious communicable diseases.

Immunisation against these is important not only for the safety of travellers themselves, but also for the communities they will visit, and that to which they will return. Apart from consideration of their own safety, they cannot be allowed to become carriers of infection.

For this reason most countries insist that people entering their territories shall have proof of immunisation against particular diseases.

Australians intending to journey overseas are generally advised to be vaccinated against smallpox, cholera, typhoid, and paratyphoid fevers. Where they contemplate visiting areas of Africa and South America, where yellow fever is endemic, they also should be immunised against this disease.

Depending on individual cases and travel plans, it is sometimes necessary also for travellers to be protected against infectious hepatitis, plague, and typhus fever. In other cases it may be wise, by means of a special vaccine, to reduce the risk of contracting tuberculosis.

These protective vaccinations may be obtained by consulting either private doctors or the Commonwealth and State Health departments. Yellow fever inoculations are, however, given only by the Commonwealth Department of Health. This is because the vaccine against yellow fever has to be stored under particular conditions, to ensure that it does not lose its potency.

Statistical facts

Basically, the objective of these vaccinations is to raise the immunity of the individual by provoking a resistance within the body to specific diseases.

The need for travellers to obtain immunity to serious communicable diseases can be judged by looking at a few stark, statistical facts. Smallpox, for example, in 1964 caused 10,000 deaths from 50,000 cases around the world. It occurs mainly in Asia, Africa, and South America. Cholera, which occurs chiefly in Asia, caused nearly 20,000 deaths from 80,000 cases in 1964.

Vaccinations, properly performed with potent vaccine, will give protection against such potentially fatal diseases as smallpox, cholera, and yellow fever.

A high level of protection also can be given against typhoid and paratyphoid fevers, which occur in outbreaks on all continents and cause three deaths in every 100 cases.

Vaccinations should be sought at an appropriate time before leaving the country. Average lengths of time for the various vaccinations are: Primary smallpox vaccination, up to 10 days; cholera, two or three injections at weekly intervals; yellow fever, 10 days; T.A.B. inoculations, three injections at weekly intervals; tuberculin tests and B.C.G. vaccinations against tuberculosis, up to three months.

Methods of immunisation — and reactions to them — vary. The smallpox vaccination is performed by puncturing or scratching the skin through a drop of calf lymph, the outside of the arm below the shoulder being the most preferred spot.

Blister

In a person who has not been vaccinated previously, this results in a blister forming at the site within five to ten days. The blister dries up to a scab, leaving a slight scar. The area around the blister may become tender, and as well the patient may

get a headache and run a temperature. These effects are not serious and generally require no treatment. People who have been vaccinated previously usually have very slight reactions, with no blister.

Routine vaccination against smallpox is inadvisable when a person is in poor general health; during pregnancy; where certain skin conditions, such as infantile eczema, exist; or where a person suffers from certain serious blood disorders.

Patients receiving, or who have recently had, corticosteroids (which include cortisone and corticosterone) also should not be vaccinated.

Smallpox vaccination certificates, which must be on the recognised international form, are valid for three years, beginning eight days after the date on which a successful primary vaccination is carried out. In the case of a revaccination, the validity period of three years starts on the day of the revaccination.

Where a doctor decides that a person should not be vaccinated for medical reasons, a special certificate is issued. Some countries will allow travellers entry on these certificates, but others will still insist on the person being vaccinated before entry is allowed. For instance, these certificates would not be valid for travellers returning by air to Australia.

Cholera vaccination

Protection against cholera is given by three doses of vaccine, injected at intervals of seven to ten days. This usually produces only a negligible reaction. The immunity provided by the cholera vaccination, however, lasts no longer than six months; and the certificates are valid for that period after one injection.

A further injection, given before the end of the validity period, makes the cer-

tificate valid for another six months, starting from the day of the injection.

Immunisation against yellow fever is provided by one injection. People suffering from acute illnesses should not be vaccinated. Precautions must also be taken with those of allergic disposition. If possible, children under one year should not be vaccinated against yellow fever. But where this, along with vaccination against smallpox, is considered essential, there should be an interval of at least 21 days between the two vaccinations; no matter which is performed first.

For older people, whenever practicable, yellow fever vaccinations should precede the primary vaccination against smallpox by at least four days. If the primary smallpox vaccination is done first, then there should be an interval of 21 days, from the date of vaccination, before the yellow fever inoculation is given.

Mild, uncommon

Reactions from yellow fever immunisation are mild and uncommon. The international certificates issued after the vaccination are valid for ten years.

For protection against typhoid and paratyphoid fevers, three injections are given at weekly intervals. If time permits, increased immunity can be given by extending the interval between the second and third doses to six months.

The site of the injections usually reddens and becomes tender. Less frequently, general reactions such as malaise and headaches occur. The patient, however, improves readily with rest, warmth, and hot drinks. Physical exertion should be avoided for from 24 to 36 hours after each inoculation. If possible, the injections should be given in the evening, so that the worst of any reaction is over by the following morning.

In spite of the protection given by immunisations, it is still advisable when travelling overseas to take precautions, especially when eating and drinking. Many diseases are spread by contaminated water and food.

In countries where public hygiene is not noticeably good, fresh fruit and vegetables should be either avoided altogether or at least thoroughly cooked. It also may be necessary in some areas to boil any water used for drinking and washing.

The traveller's responsibilities are not only to himself. When entering or returning to Australia from overseas, travellers are inspected to see that they are free from quarantinable diseases. They must be able to produce current and valid international vaccination certificates.

People entering Australia must have a valid smallpox vaccination certificate, unless they are arriving from the exempted areas of Papua-New Guinea, New Zealand, Fiji, Nauru, British Solomon Islands, Norfolk Island, and Ocean Island; provided that these areas are free of smallpox

at the time, and that the traveller has not been outside the area in the 14 days before arrival in Australia. Smallpox vaccination certificates are not required for children under the age of one.

Certificates

Cholera vaccination certificates are required by all people, other than children under the age of one, entering Australia from Burma, India, Indonesia, Malaysia, Pakistan, the Philippines, the Republic of Vietnam, and Thailand, and from any other locally infected areas. In the same way, yellow fever vaccination certificates are required by people coming from areas where yellow fever is endemic.

Passengers without valid certificates must either be vaccinated immediately or detained in a quarantine station.

By these controls Australia has successfully prevented outbreaks of exotic diseases. It is, however, obvious that the increasing frequency of overseas travel and the speed with which travellers can be brought by air from anywhere in the world to Australia have enlarged the risk of such diseases being introduced.

For this reason, the quarantine regulations are applied rigidly.

In 1964, 2010 people who arrived in Australia were immediately given smallpox vaccinations because their certificates were not valid. It was necessary to detain 19 people in quarantine because they had not been vaccinated against smallpox or could not be vaccinated for medical reasons. In the same circumstances, 698 passengers were vaccinated against cholera and two were placed in a quarantine station.

Travellers will assist both themselves and the community by making sure that they have been properly immunised. This, in turn, will make very much easier their own movements through sea- and air-ports.

● *All the
articles in
this booklet
have been
written by
specialists*

MIGRAINE

... and its treatment

● *Migrainous headaches were first described by physicians as long ago as the first century A.D. The word "migraine" is French, a contraction of "hemicrania," which means "half-head" — as the typical attack of migraine causes pain on one side of the head only.*

THE commonest type of headache is the tension headache. This occurs often in people who are nervy, tense, depressed, or worried.

They tend to frown or clench the teeth, and the overactive muscles of the scalp, temples, and neck become sore and ache. These headaches usually occur almost every day.

Migraine, though not seen as often as tension headache, is nevertheless a very common cause of headache. It is estimated that 5 percent to 10 percent of the population have some tendency to suffer from it.

"Vascular" headache

Whereas the pain of tension headache is derived from the muscles of the scalp, the pain of migraine comes from the blood vessels (arteries) of the scalp, which become enlarged, thickened, and tender, and pulsate during an attack. Migraine is,

therefore, sometimes called a vascular (or blood vessel) headache.

Warning phase

In the early stages of a migraine attack, the blood vessels, both in the scalp and inside the skull in the brain, go into spasm and become very narrow. This stage is not painful, but the narrowing of some of the blood vessels in the brain reduces the blood supply of certain parts of the brain, and causes the patient to see zig-zag lines or colors in front of his eyes, or to experience numbness or even temporary weakness on one side of the body. This is the warning phase of the attack.

After 10 to 20 minutes the spasm passes off and these symptoms disappear. But the blood vessels now go to the opposite extreme and become dilated with swollen and tender walls, as though they had been bruised.

The sufferer develops a severe throbbing headache, often on one side of his head. It is now realised, however, that many true

migraine attacks can cause pain on both sides, or all over the head, and the classical warning symptoms do not always occur.

Any severe headache may cause nausea and vomiting, though these distressing symptoms are particularly common in migraine attacks. Bright light may hurt the eyes, so that it is often necessary to lie down in a dark room or, if possible, go to sleep until the attack is over.

Not fully known

The cause of migraine is not fully known. Certainly there is hardly ever any serious underlying disease within the head or elsewhere.

The tendency often runs in certain families, and attacks may be brought on by allergy or sensitivity to certain foods. Emotional upset and stress play a big part in some people. Body hormones also may influence the attacks, as many women suffer migraine just before their menstrual periods, or become quite free of attacks while pregnant.

The treatment of headache depends, first, on a correct diagnosis of the cause or type. Broadly speaking, migraine headaches are throbbing and occur in separate attacks, whereas tension headaches are dull and aching, and occur every day.

However, every person's headache is an individual problem; not quite the same as any other.

It is often very difficult to distinguish between the two types. Some people, in fact, suffer from both types, or develop tension headaches with, or after, their attacks of migraine.

For this reason, a careful assessment by the doctor is often necessary before fre-

quent or severe headaches can be best relieved. The doctor's advice also should be sought about repeated headaches which have only recently begun, as occasionally such headaches indicate the presence of more serious diseases of the body or the head.

The migraine sufferer is often too tense, ambitious, or exacting. He may be of rather rigid personality, expecting too much of himself.

The doctor cannot change his personality, but advice about personal and family problems — and a more relaxed attitude — may be of great help.

Some people who take more careful note of their attacks will find that they are often brought on by certain definite factors. Attacks may follow some food to which they are sensitive; especially fatty foods, chocolates, oranges, or alcohol. Avoiding such foods, and avoiding certain types of emotional or physical stress and lack of sleep, may bring about great improvement.

Besides such advice about a well-regulated life, many people with frequent attacks of migraine will require some kind of tablet. One of the oldest remedies has been a mild sedative, taken two or three times a day. Phenobarbitone and amytal are quite popular.

Ergotamine

The newer tranquillising drugs, which diminish nervous tension, are often effective, if taken regularly, in reducing the number of attacks and their severity.

Some migraine attacks, being not very severe, can be relieved by aspirin or one

of the newer pain-relieving drugs. But these will have little or no effect upon the more severe forms.

For many years ergotamine has been used to treat the migraine attack. This is not a simple pain-relieving drug, but a chemical substance which causes constriction or narrowing of blood vessels. It thus tends to counteract the widening or enlargement of the blood vessels in the scalp, the cause of the painful throbbing.

There are many preparations of ergotamine — gynergen, cafergot, migral, ergodryl, etc. Many of them combine other drugs in the same tablet to increase the action of ergotamine, or to overcome the nausea and vomiting of the attack.

These ergotamine preparations are most effective when taken very early in the attack, preferably at the time of the warning symptoms, if there are any, before the actual headache begins. The later in the attack they are taken, the less effective they will be.

Pressure-pack device

As quick absorption into the blood stream is important, many tablets are designed to be dissolved under the tongue. Absorption here is quicker than if the drug is swallowed. They are bitter, however, and when there is much vomiting, it may be impossible to keep them down or under the tongue.

Another method of quick absorption, unaffected by vomiting, is by inhaling the ergotamine as a fine spray. For this purpose, a small pressure-pack device is

available (Medihaler), the opening of which is put in the mouth, the device being squeezed while breathing in. Sometimes ergotamine is given as a suppository.

Any of these preparations can be dangerous. There is a definite limitation on the number of doses permitted in any attack.

Ergotamine causes narrowing of blood vessels, and, therefore, it should not be used, or only with extreme caution, when there is any disorder already involving the heart or blood vessels; such as coronary artery disease, high blood pressure, or hardening of the arteries in the legs. As it may also stimulate the womb, it should not be used in pregnancy.

Daily medication

Needless to say, a drug such as ergotamine should only be used when prescribed by the doctor, and after careful attention to the directions he has given.

In severe attacks the doctor may give the drug by injection, as vomiting prevents adequate dosage by mouth. He may give a strong sedative as well in the injection, since a good sleep may put an end to a severe attack.

It is often quite difficult to obtain complete relief by treatment given at the time of an attack. When this is the case, efforts to prevent attacks by regular daily medication may be more effective.

As mentioned already, regular daily sedation is quite a useful method, the sedative and a small dose of ergotamine

being sometimes combined in one tablet, to be taken twice or three times a day.

Migraine attacks may occur only at certain times, such as during the night or first thing in the morning. Prevention may then be easily arranged by a dose of ergotamine, with a sedative, last thing at night.

Variable success

As there remain some unfortunate sufferers who respond very poorly to treatment by any of these methods, several other treatments have been tried, with variable success.

One such treatment is the periodic injection of histamine. Histamine is a chemical substance released in the tissues during allergic disorders. It causes blood vessels to widen or expand, and may cause a headache, as in migraine. By repeated injections of larger and larger doses, it is hoped to accustom the body to the substance, so that the blood vessels in future react less to it. It seems to work well in some cases of migraine.

Finally, as some women are so free of migraine during pregnancy, and so prone to it with periods, one of the pregnancy hormones has been used. Again, this is effective in some cases and not at all in others.

It will be seen that there are many complex problems in the treatment of migraine. When difficulty arises, careful assessment of all factors by the doctor is the important first step.

● *In Australia in 1933, for every 4000 babies born, 20 mothers died. Thirty years later, maternal mortality had been reduced to one mother in every 4000.*

EACH year in N.S.W. alone, 400 more mothers are alive and well following the birth of their babies, but the outcome would not have been such a happy one except for the improved standards of maternal care, and new methods of treatment, developed by medical research over the past 30 years.

The centres of research in the obstetrical field are the university departments of obstetrics and gynaecology. Ten years ago in Australia, only four such departments existed, but seven are now functioning actively, and the eighth is to be established soon.

However, medical research workers are not content with the results already achieved. Additional financial support is needed to expand investigations that are under way or planned for the future.

Public Health authorities are also active in this field, and in nearly every State in Australia there is a committee of obstetricians who review every maternal death, to determine the presence of any preventable factors. The findings of these committees are circulated to doctors, in the form of special leaflets or articles in the medical journals.

The introduction of blood transfusion and antibiotics did much to reduce the number of maternal deaths, but infected miscarriages continued to be the major killer of pregnant women. Many of these

resulted from interference to the pregnancy, because many married women thought this was the easy way out when faced with the problem of an unwanted pregnancy.

During the past four years, as the use of oral contraceptives has become more widespread, the incidence of unplanned pregnancies among married women has decreased. The number of infected miscarriages admitted to the major obstetrical hospitals has fallen by half over the past five years.

Half the married women in Australia between 20 and 30 years of age are taking oral contraceptives, and one in three between the ages of 31 and 35 is using this method of family planning. In the 36 to 40 age bracket, one in five women is taking "the pill," and some authorities are now suggesting that the use of these hormone tablets should be continued past the age of 50 so as to postpone the menopause and keep women young.

When used in this way, it has been called the "Venus pill."

Smear tests

It must always be kept in mind that in every 1000 women over the age of 30, five have an early cancer which is so small that it cannot be seen by the naked eye. But it can be detected by smear

tests, which are simple and painless procedures. (See pages 9, 10.)

Although oral contraceptives do not produce cancer, they may cause an already existing cancer to grow more rapidly. Consequently, it is important to have cancer tests at regular intervals.

About one in three women sooner or later develops some type of side effect from taking oral contraceptives. Most of the preparations that have been on the market for more than two years contain a "19-nor-testosterone," which is related chemically to the male hormone, testosterone. This compound is responsible for the increase in weight that many have experienced with taking the pill.

In the newer pills, the 19-nor-testosterone has been replaced by a derivative of progesterone (which is secreted by a portion of the ovary). This does not cause an increase in weight and it produces a more normal menstrual loss.

The combined oral contraceptive pill contains a mixture of an orally active oestrogen (ovarian hormone) and a progesterone (progestogen). The ovary normally produces oestrogen all the time, but only secretes progesterone for the two weeks before a period. Women on the

standard pill take the progestogen for three weeks each month. The higher dose of progestogen, in relation to the amount of oestrogen and the sensitivity of the individual woman, produces the premenstrual symptoms of headache, breast discomfort, and irritability.

Reducing side effects

With some types of oral contraceptive, oestrogen alone is taken from the second rather than the fifth day of the cycle, and continued for 20 nights. Combined tablets are taken only from the 21st to 25th nights. This type of formulation reduces the side effects due to the progestogen, without lowering the reliability of the preparation.

With administration of two different tablets, each containing the active ingredients separately (called sequential therapy), there is a lower incidence of spotting or bleeding between periods.

The main remaining side effect encountered with sequential therapy is the nausea that about one in five women encounters for the first one or two months. This can be avoided by taking half-strength sequential tablets for two or

Recent advances in **OBSTETRICS**

three months, by which time tolerance to oestrogen will develop; and the full-strength tablet can then be taken in comfort.

The half-strength tablet cannot be relied on to prevent pregnancy, so it should be taken before marriage or before discontinuing other methods of fertility control. The alternative approach is to take a progestogen with a smaller dose of oestrogen; and then, after about three months, double the dose of oestrogen and omit the progestogen, except for the last five days of each course of tablets. The object of the new formulations is to produce an oral contraceptive that is reliable but free of side effects.

Although the ex-nuptial births, and those occurring during the first seven months of marriage, continue to rise, over the last four years there has been a 30 percent drop in the births during the 9th, 10th, and 11th months of marriage.

During the second year of marriage, the birth rate has dropped by 13 percent. The size of families has started also to fall. The number of third children born has dropped by ten percent; and the number of mothers having a fourth child has dropped by 12 percent. The overall birth rate has fallen by about ten percent.

Australia is faced with the need for a rapid increase in its population. But the widespread use of oral contraception is retarding its population growth.

About ten percent of married women fail to become pregnant. In about a third of these cases, the fault lies with the husband. One of the causes of infertility in women is failure to ovulate (produce an egg). A normal woman produces a single egg once a month, approximately two weeks before the period is due.

By recording the body temperature, each morning, with a clinical thermometer, it

is possible to determine the day of ovulation, and whether it is occurring every month.

The temperature record can be used as a guide to the fertile period. Although the time when fertilisation can occur probably extends over only one day each month, it may not always be the same day in each cycle. The body temperature on waking in the morning can be used as a guide to the amount of variation occurring in an individual woman.

To produce ovulation

Occasionally, failure to ovulate is due to an early menopause — in which case the amount of gonadotrophin (any substance which regulates activity of the gonads) in the urine increases.

Where this is not the case (and this can be determined by measuring the urinary gonadotrophin), ovulation can be produced by injecting human gonadotrophin, or giving the chemical clomiphene by mouth.

If a patient is sensitive to gonadotrophin and the dose is not correctly tailored to that individual patient, she may produce twins, triplets, or even quins.

By a new FSH (follicular stimulating hormone) test, developed at the Royal Hospital for Women, Sydney, it is possible to detect women who are sensitive to gonadotrophin; thus reducing the possibility of multiple pregnancies, with their associated risks of premature labor and death of the babies because of prematurity.

The most dangerous period in a person's lifetime is the first day of life. One percent of babies die at this time, and an equal number die shortly before birth. Much effort and research is being directed to reduce this wastage of life.

Six babies in each thousand are affected by the Rh (blood) factor. If not treated, one in six of such babies may die before birth from anaemia. The degree of anaemia from which the baby is suffering can be calculated by collecting and testing the amniotic fluid (which surrounds the baby before birth). By examining the cells in this fluid the sex of the child can be determined three months before it is born.

If the baby is only mildly anaemic, there may be an indication to induce labor; but if the baby is severely anaemic, it is now possible to transfuse it with blood that will be destroyed much more slowly than its own blood. This transfusion can be done while the baby is still in the uterus, three months before it is due to be born. The pregnancy can then continue till the baby is more mature.

When the maternal blood pressure rises during pregnancy there may be a reduction in the blood supply to the foetus, and in a few cases this may be sufficient to kill the baby. If labor is induced too early to avoid this complication, the baby may die of prematurity. Hence it is important to determine the state of health of the baby before birth.

It has been found that the amount of oestriol (a hormone derived from the placenta) in the mother's urine reflects the state of activity of the baby's adrenal gland. If the baby is small, the production of hormone by its adrenal will be reduced. If the blood supply to the baby falls to a dangerously low level, the activity of the foetal adrenal gland will be depressed and the oestriol content of the mother's urine will be reduced. As long as the oestriol levels are satisfactory, the pregnancy can be allowed to continue, even though maternal blood pressure is elevated.

For every two additional weeks that induction of labor is postponed, the neo-

natal death rate (that of the newborn) from prematurity can be halved. Excessive elevation of the mother's blood pressure can be controlled by hypotensive drugs, allowing a continuation of the pregnancy, without immediate or remote risk to the mother.

The basic method for measuring oestriol was developed by Dr. Jim Brown, of Melbourne. But in Sydney, at the Royal Hospital for Women, it was found that sedatives given to the mother produced a large error in the oestriol readings. By modifying the original test, reliable readings are now possible, even though the mother is receiving a wide range of drugs.

Just as oestriol readings can monitor the welfare of the baby during pregnancy, so the baby's heart rate, during labor, is a guide to its state of health. The old method of counting the baby's heart rate with a trumpet-type stethoscope for 15 seconds every two or three hours frequently missed early warning changes. It is important that the rate be recorded both during and after a contraction of the uterus.

"Electronic nurse"

An "electronic nurse" is now in use at the Royal Hospital for Women. This "nurse" never sleeps or goes off duty. A special microphone is strapped on to the abdomen of the mother. The signals from this pickup are fed to an electronic counting unit, which discriminates between the baby's heart sounds and other noises which are recorded by the sensitive microphone.

The unit also records the frequency, strength, and duration of the uterine contractions, and correlates these with the baby's heart beat. A continuous record of both is drawn on a strip of paper throughout the full length of the labor.

Plastic surgery

- Plastic surgery has as its principal aim the restoration of appearance and function to a level as normal as possible.

THE scope of work undertaken includes abnormalities present at birth, such as birthmarks or cleft lip or palate, where both functional and cosmetic factors must be considered.

Facial injuries following motor vehicle accidents with windscreen shattering may leave significant psychological as well as facial scars, which good primary treatment will reduce to a minimum. Reconstruction of the face after operations for cancer is also an important part of a plastic surgeon's work.

The surgery of correction of deformity is known to have existed as long ago as 3000 B.C. In India at that time, records show that there was a method of reconstruction of the tip of the nose following its amputation.

This mutilation was a legal right exercised by husbands who had found their wives unfaithful. Reconstruction was permitted when fidelity was re-established.

This operation, practised 5000 years ago, is still employed today with only minor modifications, where there is loss of the nose in part or in whole due to cancer or injury.

Cosmetic surgery

Throughout the ages, man has sought the secret of lasting youth. Increasing age has its effect on all body tissues, and in the skin there is a progressive loss of elasticity, with the appearance of wrinkles in the cheeks, crow's feet around the eyes, and double chin or dewlap in the upper neck.

The removal of such wrinkles is carried out by the face-lift operation, usually requested by the over-forty woman. The operation is performed only where there is real prospect of improvement, since it is a major procedure requiring a hospital stay of seven to ten days.

Done usually under general anaesthesia, it employs an incision beginning in the hair in the temple region, passing down each side of the face just in front of the

ear, then back into the hair behind the ear. The only part of the scar ultimately visible is that portion in front of the ear, and this fades with time and can be readily disguised with light make-up.

There is little pain with the operation, but the bulky bandages, worn for the first three or four days, may cause discomfort. Bruising of the skin of the face and neck is very variable. Because of this, it is wise to allow for an absence of three to four weeks from work or social activities.

Commonly the patient requiring the face-lift operation will have baggy eyelids, with obvious crow's feet also. These may be dealt with at the same time as the face-lift, or at a separate operation. The accompanying bruising and swelling subside after seven to ten days.

Because of the progressive nature of the aging process, there may be a return of wrinkles, necessitating a further face-lift procedure. The need for re-operation is a very individual matter, varying from person to person. No definite statement can, therefore, be made as to how long the effect of a face-lift will last.

Other skin folds

Aging may be associated with unsightly skin folds in other sites; abdomen, thighs, arms, or buttocks. Such folds may also occur in thighs and abdomen following repeated pregnancy, or in patients who have lost a great deal of weight through medical causes.

The abdominal reduction procedure removes such a fold of skin, and fat, from the lower part of the abdomen. It requires a two to three weeks' hospital stay, and leaves a scar in the extreme lower abdomen near the groins which is hidden even by the briefest attire. The navel is replaced to a more normal position.

Removal of unsightly skin folds in thighs, arms, or buttocks is often associated with visible scarring, the extent of which should be understood by the patient before a decision to accept surgical treatment is made.

Mammoplasty

Mammoplasty may be required to relieve the patient of the strain of heavy pendulous breasts, present since early adulthood or following pregnancy and lactation.

This is reduction mammoplasty. Its principal disadvantage is the scarring of the skin, which may be unsightly.

Augmentation mammoplasty, or the building up of small or absent breasts, is not as commonly performed as the reduction procedure. The building up is done with skin-fat grafts from the patient's buttocks, or with synthetic plastic sponge materials.

The newest material available is a silicone derivative. Its consistency is more

normal than materials previously employed, which tended to be too firm. The scarring that follows this operation is considerably less than with the reduction procedure.

Both these breast operations are performed under general anaesthesia, with a two weeks' hospital stay. A two weeks' convalescence following discharge is necessary.

Nasal operations

Of the cosmetic operations, nasal operations are perhaps the most commonly performed. Sometimes the indication for operation is clear, there being deformity following injury.

In other instances, and more commonly, the patient desires operative change to fit her more completely for work such as modelling, or for a role on screen or stage. In these cases, and in others where the indication is not so clear, careful assessment is made before any surgery is recommended.

The operation is performed entirely from within the nose, leaving no external scarring. The nose can be modelled, within limits, to any desired shape.

There is no pain, but there is a certain amount of discomfort due to blockage of the nostrils for several days. There is, as in the face-lift operation, variable bruising and swelling of the eyes, which, if severe, may take seven to ten days to disappear. A plaster of paris splint is worn for two weeks.

General anaesthesia is usual, and a ten-day hospital stay is advised, with provision for a further ten days' convalescence.

Prominent ears

Prominent or "bat" ears are congenital in nature (meaning that they are present from birth). Their correction is usually performed after the age of seven, when growth of the ear is complete.

Children with such ears are often teased about their appearance, and the operation can do much to increase their self-confidence. It is performed from behind the ear, and, therefore, leaves no visible scarring. A seven-to-ten-day hospital stay is advisable. A bandage must be worn about the head at night for one month, to prevent folding of the ears during sleep.

There are limitations

Plastic surgery attempts restoration to what is generally accepted by society and patient as normal. Where wounds occur, or are inflicted surgically, there must always be scars. These can be minimised in extent and severity by attention to detail, and by careful surgical technique.

In certain instances, particularly some forms of birthmark, the surgeon may advise cover by cosmetic creams, rather than operation, because he realises that the ultimate scarring may be as little acceptable as the original birthmark.

It must be emphasised that a successful outcome, following any of the cosmetic plastic surgery procedures, depends almost as much on the patient's attitude as on surgical skill.

Some people can adjust to physical deformity more readily than others. It is to those who, for one reason or another, cannot happily make such an adjustment that the plastic surgeon has much to offer.

RHEUMATISM

● *Novelty in medicine attracts patient and doctor alike, and perhaps nowhere more strongly than in the field of rheumatic disease. This enthusiasm is understandable, but can have unfortunate consequences.*

PATIENTS may waste time and money, and inevitably suffer disappointment, by trying quite extraordinary "remedies" on the advice of fellow-sufferers.

Such therapeutic adventures are more often misguided than dangerous, involving experiments with unpalatable diets, which have no basis in theory and no benefit in fact.

One book available in this country has been banned in the U.S. because of the sheer nonsense it contains; but it seems to have an appeal to patients often unmatched by the more conventional advice their doctors give.

Other sources of persuasion depend for their influence upon the enthusiasm of the doctor as much as the patient. New drugs are often described in glowing terms, with hints of a major breakthrough or cure, long before their value is known.

Patients may feel upset that they have to wait for drugs already in use abroad, but they should take comfort from the fact that such delay is usually to their advantage. By the time it is marketed here,

a new drug probably will have found its proper place. Early enthusiasm will have been tempered by later disappointment, and some of the side-effects (all drugs have them) will have been recognised.

No patient need fear that a miracle drug is being denied him. "Miracles" are few, and news of them travels quickly.

As a rule, pilot studies on small groups of patients are conducted in Australia soon after drugs are available elsewhere, and Australian doctors have a chance to weigh the pros and cons for themselves.

During the past ten years more progress has been made in the "back rooms" than in the clinics. Benefits to the patient may not be immediately obvious, but they are real. For one thing, the study of rheumatic diseases has acquired a sophistication and respectability which has attracted thousands of workers (and millions of dollars) into the field. In the long run the patient will gain from this.

Australians should know that much of the interest in these diseases has been due to the work of Sir Macfarlane Burnet (Australian Nobel Prize winner), whose stimulating theories of auto-immunity have been among the great ideas of the

RHEUMATISM (cont.)

age. Expressed simply, auto-immunity means a reaction between the body and its own tissues; it implies a failure of the mechanisms which normally prevent such a reaction. Some of the rheumatic and allied diseases show features which suggest the possibility of immune reactions, and have become the subject of the closest scrutiny.

Thoughts of an immune reaction had been stirred, earlier, by the finding of an abnormal protein in the blood of some patients with rheumatoid arthritis.

This protein has been called the "rheumatoid factor." While not peculiar to the disease, it has helped greatly in its definition.

For one thing, it has allowed the separation of many forms of rheumatism whose details were previously blurred and which were thought to be similar. As these other forms of rheumatism may require different treatment, and have different significance, it has been very helpful to be able to place them in their correct category.

Furthermore, the rheumatoid factor has helped us recognise many diverse manifestations of rheumatoid arthritis itself, where previously these were thought to represent the occurrence of another illness in a rheumatoid patient; or perhaps a complication of treatment. This recognition of a broader spectrum within the framework of rheumatoid disease has been one of the main achievements of the past decade.

Rheumatoid arthritis is the most important of the rheumatic diseases, and its treatment concerns us most. A very important practical advance has been the recognition of the place which surgery plays in management.

Patients must be selected carefully and

results assessed critically. By doing this, we have come to recognise situations where pain can be relieved, function preserved, and deformity prevented.

We do not recommend surgery for rheumatoid joints simply because they are there. This may have been the spirit which conquered Everest — but it would quickly bring the surgeon into disrepute. He must care more for function than the appearance of a joint; aim to relieve pain wherever possible; and realise that for some operations the long-term results are still uncertain. We have learnt that operation can be done while the disease is still active; it was previously thought essential to wait until the arthritis had become quiescent.

To get best results, the surgeon needs the help of a dedicated physiotherapist and the co-operation of his patient. A lot of the work is done after the operation, and the patient must be prepared to persevere with exercises, despite considerable pain during the early post-operative weeks. This may all sound rather formidable, but patients have no doubts that the effort was worthwhile.

There often seems to be a wide gulf separating those who study the inflammatory process in the laboratory and those who treat it in the clinic; a gulf which is not easily bridged. Time and time again, a drug will fulfil all theoretical requirements as an anti-inflammatory agent and seem successful in animal trials — only to fail dismally when used on patients.

Because of this, new drugs are relatively few, and aspirin retains the distinction of being the only one whose use is virtually mandatory — certainly for rheumatoid arthritis.

The drug cupboard is by no means bare, however. There have been some welcome additions in the past few years.

The place of indomethacin is now established as a useful drug for the relief of pain and inflammation in a number of rheumatic conditions. It is comparable with phenylbutazone in its sphere of usefulness, has rather different side-effects, and thus allows the doctor a welcome increase in the range of available treatment.

A lot is being heard of a new drug, dimethyl sulphoxide (DMSO). Applied locally, it has the remarkable property of systemic absorption; indeed, its potential was first suspected when someone spilt the chemical on his hand and soon afterward noticed he could taste it. Trials will have to be conducted before the drug is released for use in Australia. Already, however, there are reports from abroad which indicate a waxing and waning of enthusiasm, and it seems unlikely that it will be revolutionary in its effects, even though it may be in its mode of action.

Reserve judgment

One limitation will be the odor of garlic that it imparts to the breath. This cannot be ignored in a society which is led to believe, by a thousand advertisements, that happiness is a sweet smell. We must reserve judgment while awaiting further experience with DMSO.

It may prove to have a useful place, and if so will be a welcome addition to the already impressive array of medications.

Undoubtedly the most scientifically satisfying new drug is allopurinol. This will have a place in treatment of gout. Exactly what place remains to be seen and it is quite wrong to regard it as the complete answer to this painful disease.

Gout is due, basically, to an inherited disorder of metabolism, as a result of which uric acid accumulates in excess. Recurring attacks of painful arthritis

characterise the disease, which may also have important effects on the kidneys.

Uric acid is formed at the end of a long chain of reactions. Allopurinol cuts this chain, and prevents uric acid from being formed.

This is a remarkable accomplishment, but we have to stop and wonder what it may mean. If uric acid is not being formed, something else is; and this new "metabolite" may cause problems of its own. For this reason, rheumatologists feel no great frustration that the drug has not yet been released for general use.

We need to know a lot more about its true place in the management of gout.

The patient with rheumatism has never had so much reason for optimism, has never been the centre of so much interest.

The age-old gibe is heard less often now — "rheumatism can't be cured, so why bother?"

It is true that many forms of rheumatism share with many other diseases the fact that they cannot be cured. But they can often be controlled, and for every patient there is something that can be done. If your own doctor doubts this — you are entitled to seek medical help elsewhere.

Rheumatoid arthritis, the most important of the rheumatic disorders, is now under the microscope. Quite apart from research and drugs, a new interest has been taken in its natural history.

A study from Edinburgh provides a perspective that may be new. A ten-year study, of 200 patients, showed that at the end of that time 20 percent were fit for all activities, and a further 40 percent only moderately restricted (fit to work with slight modifications, or for all housework except the heaviest).

We know that the next ten years will see a sustained interest in all the rheumatic diseases, which will lead inevitably to improved prospects for patients.

SINUS INFECTION

● *True infection of sinuses is fortunately becoming rare, thanks to antibiotics. Patients still complain, however, with good cause, of their "sinuses" — by which most of them mean attacks of nasal blockage and headache, with or without runny nose and sneezing and "catarrh" in the back of their throats.*

THE sinuses of the nose are a group of air-cavities in the bones around the nose. They are all lined with the same membrane, which is continuous with the membrane lining the nasal cavity. All drain into the nasal cavity and communicate with each other to a variable degree.

The largest sinus is in the cheek-bone and is called the "antrum." The other sinuses are in the bone of the forehead, at the back of the nose, and between the eyes.

The only use the sinuses appear to have is to give resonance to the voice and to decrease the weight of the bones of the face.

Infection of the sinuses usually starts in the nose, and so the proper treatment of any sinus condition must be aimed at the nose primarily. If nasal congestion can be controlled sinus infection will be prevented, and this in fact is what doctors aim to do.

Rhinitis

Congestion or infection of the nose is in general termed *rhinitis*. People who complain of "sinus trouble" are nearly always suffering from rhinitis in the initial stages. This only becomes true sinusitis if the patient neglects to obtain early treatment. The different types of rhinitis are discussed in this article on the understanding that rhinitis is what most people have when they have "sinus trouble." It only becomes sinusitis if there are other complicating factors or if the rhinitis remains untreated.

Just for completeness, one might mention one form of sinus infection which does not follow nasal trouble. This is "dental sinusitis," in which the infection comes from an abscess on the root of the upper bicuspid or molar teeth. Treatment is, of course, to see the dentist and have the abscess drained or the tooth removed. Sometimes an operation on the nose, to drain the antrum of pus, may be necessary as well.

To return to rhinitis: There are some types which patients recognise for themselves as different from what they call "sinus trouble." The commonest is the common cold. There is still no cure for it.

It has been said that of all the treatments that do not cure a cold, whisky is probably the best. But a hot lemon drink, and APC or similar tablet, is preferable. Often the cold is a minor, self-limiting disease, but it may stir up a sinus infection in people who have had previous trouble. If the nasal congestion is allowed

SINUS INFECTION (cont.)

to persist untreated, the drainage openings of the sinuses into the nose become blocked, and the mucus in the sinus cannot get out. It is a general rule in the body that any secretion dammed up in a cavity becomes infected, and this is what happens to mucus in the sinuses.

The nasal discharge then becomes yellow instead of clear. The patient may need antibiotics, and may eventually need the antrum to be punctured and washed out.

A form of sinusitis that is becoming more common is that due to a vacuum developing in the sinuses through sudden changes of pressure, such as occur in skin-diving or flying.

Normally when the atmospheric pressure increases, as in diving deeply or in coming down in a plane, the pressure of air in the sinuses increases to the same degree, being transmitted through the sinus opening. If this cannot occur because the opening is blocked, a comparative vacuum develops in the sinuses, causing severe pain. Blockage of the sinus openings occurs in any condition of nasal congestion.

Flying, skin-diving

People should not fly or skin-dive when they have a cold. Sometimes flying may be unavoidable, and in this case some nasal decongestant must be used. It is inconvenient to use nasal drops in a plane, and a nasal-spray bottle may leak into your pocket, so the most convenient method is to use a decongestant jelly, applied to the nose before going in a plane. Usually the

big jets give no trouble as they are well pressurised, but the smaller planes are often a source of trouble.

The acute allergic rhinitis, or *hay fever*, is usually diagnosed by patients as such. It is typically a seasonal attack of sneezing, running nose, and nasal blockage; caused by inhalation of wind-borne pollens, chiefly of grass, weeds, and certain trees. It only occurs in patients who are sensitive to these pollens.

Sensitivity can be determined by skin tests, in which a small scratch is made on the patient's skin and an extract of the pollen is rubbed into it. These patients usually respond well to treatment, either by drugs known as "antihistamines" or by a course of desensitising injections (or by avoiding contact with pollens as far as possible).

Mechanical obstructions

As with the common cold, if the acute stage is not treated and nasal congestion is allowed to persist, the sinus openings become blocked and sinusitis may supervene. This is especially true if there are other factors tending to obstruct the nose, such as a deflection of the nasal septum, or an old fracture of the nasal bones which narrows one or both nasal cavities and may block the opening of the sinuses into the nose.

Other mechanical obstructions to the nasal cavity which may predispose to sinusitis include nasal polyps and adenoids. A nasal polyp is a localised swelling of the lining of the nose (like a "blow-out" on a tyre). Every attack of congestion of the nose causes them to swell more, until they block the sinus opening and eventually the whole nose.

They are more likely to occur in older people, but can occur in young adults or even children. They are relatively easy to remove under local anaesthetic when small, but require admission to hospital for operation when large. In children, the adenoid tissue at the back of the nose sometimes becomes so large as to obstruct breathing and the flow of mucus which normally occurs from the nose into the back of the throat. Thus the whole nasal cavity becomes a collection of stagnant mucus ready for infection.

Foreign bodies in nose

The job of the adenoid tissue is to cope with the many infections breathed in from the atmosphere, and it is important that it should be left to carry on this function as far as possible. This is particularly important in children, who are susceptible to bronchitis, as it prevents this infection from getting down into the lungs.

The more infection the adenoid has to deal with, the bigger it grows, and eventually there may come a time when it is so big that it blocks the nose or the tube leading to the middle ear, and this actually helps the infection rather than fighting it. At this stage adenoids should be removed.

Another cause of obstruction to the nose and of infection, which should not be forgotten in children, is the *foreign body* — a pea, a seed, a bead, a button, the tip of a ball-point pen, and such objects which children are prone to put up their noses and then forget to tell anyone about. They may be there for days or weeks, while it is thought that the child has a cold and is treated for such. The clue is that only one side of the nose as a rule is blocked. The object obviously must be removed; and a general anaesthetic may be necessary for younger children.

We now come to those conditions of chronic rhinitis, causing recurrent and persistent nasal blockage and headache, which most people call "sinus trouble." Medically, the conditions can be divided into infectious, allergic, and vasomotor groups. (A separate group known as "*rhinitis medicamentosa*" is simply rhinitis due to treatment.)

Drops, sprays

People with nasal and sinus trouble often resort to self-medication, with any or all of the various nose drops or sprays that can be bought over the counter. This applies to those with acute as well as to those with chronic conditions.

The drops and sprays are quite good if used properly, but if used without medical guidance they are all too often abused. The lining of the nose is a very sensitive structure, especially in patients with rhinitis — the very people who tend to use the drops excessively.

Any drop or spray, no matter how good, will cause trouble if used too often and too long. In these cases the drops themselves will cause irritation of the nasal mucosa (lining), with symptoms of blockage for which the patient uses more drops, thus establishing a vicious circle and perpetuating the symptoms, long after the original condition has been cured.

Drops and sprays have a definite place in treatment of nasal conditions, but they must not be abused. It is often desirable to treat the congestion with tablets which act through the bloodstream, and so preserve the nasal membrane from irritation.

Beside the acute or allergic rhinitis already discussed, there is a more chronic and non-seasonal allergic rhinitis. The allergy in this case is to various substances

SINUS INFECTION (cont.)

we meet every day, such as house dust, food, fur, or feathers.

Allergic reaction

It also may be allergic reaction to bacteria (germs) which are not dangerous enough to cause a severe infection and cause symptoms only in sensitive people. These patients must be treated by desensitisation, or by avoidance of their particular allergen (i.e., any substance which causes allergy to such patients). Particularly those with bacterial allergy are often in poor general health, and measures aimed at a general build-up may be needed in addition.

A chronic rhinitis often results from chronic infection with more virulent bacteria. These are the only true cases of chronic sinusitis. They occur in patients whose nasal membranes have suffered some permanent damage, due to injury, to severe acute infection, or in some cases to the aftermath of a big nasal operation.

These patients have constant minor symptoms which become much more severe through any minor infection. They need their infection eradicated, and often operation is the only cure. There are various operations designed to clear out any residual pockets of infection and allow drainage of the sinuses into the nose, and to clear any mechanical obstruction of the airway — at the same time preserving the lining of the nose in its normal state as far as possible.

The other large group is that of *vasomotor rhinitis*, so-called because the basic trouble is in the nerve in the nasal mucous membrane which controls the blood flow (the vasomotor nerve).

These last three groups are very similar in their symptoms; the nasal membranes are also similar in appearance. The only way to distinguish one from the other is by a careful history taken by the doctor, and additional tests as necessary.

The vasomotor nerves of the nose control the amount of blood flow through the nasal membranes. The more blood in the vessels of the membrane, the more swollen the lining will be, and the more blocked the nose will feel.

Temperature sensitivity

This blood flow is normally varied according to the need to warm and moisten the air breathed in. If this reflex becomes excessively sensitive, as in vasomotor rhinitis, the slightest change in the temperature will cause a sudden swelling of the nasal membrane and excessive secretion of mucus.

This excessive temperature sensitivity is the commonest form of vasomotor rhinitis. These are the people who catch a chill easily; they have an attack of sneezing and runny nose when exposed to the slightest draught. The attack is often started when getting out of bed in the morning. Another stimulus to this *congestion reflex* is the constant irritation of the nasal lining by substances in the air, which are simple *non-specific irritants*, not specific allergens.

The commonest examples of these are the dust of the outback and the smog of the cities. All big cities have a greater proportion of sinus trouble than the surrounding countryside, and one of the main factors in this prevalence is constant irritation of the nasal lining by smog particles, not only causing their own rhinitis but

predisposing people to all other forms of rhinitis.

One has only to look over the city from any vantage point, even on an apparently fine day, to see the pall of dull smog which hangs in the low atmosphere, and which we all breathe 24 hours a day unless we can escape from the city.

The bracing air of the mountains and the seaside is to a large extent due to its freedom from smog.

From a third stimulus, nasal congestion is psychological or due to emotional upset. This may be acute, or long-standing. Just as some people blush more readily than others, so some people's noses congest more readily than others, and under emotional stress of any kind.

"Guys and Dolls" song

Many people recognise that their "sinuses" are always worse when they are upset, but many, too, do not realise this or are unwilling to do so. In these cases again, a careful history by a doctor will often bring out the cause of the trouble.

If any of you remember the show "Guys and Dolls," a song in this was a very neat clinical description of the emotional type of rhinitis. On every occasion when the couple were going to get married, they would stop at the racetrack on the way, where he would lose his money and she would develop a sinus attack.

Treatment of this group of patients is aimed at "toughening up" their troublesome reflex, with elimination of emotional factors as far as possible. Improvement in general health and moderate exercise are necessary. Regular minor stimulation of the reflex will often bring it under better control. A hot shower should always be followed by a cold one.

Do not coddle yourself. This applies particularly to children. Going out in the cold air is beneficial as long as the rest of the body is warm, particularly the hands and feet and neck. Above all, this group of patients should never use nose drops or sprays, unless under medical supervision. Decongestants taken by mouth should be used, to avoid further irritation of the excessively sensitive nasal lining.

Headache in the frontal region is attributed by many people to sinus trouble, and this is often true. The drainage of the frontal sinus into the nose can be blocked by any of the conditions which cause rhinitis. This blockage of the sinuses causes pain in the forehead region, sometimes spreading to the temples. A characteristic of this is pain in the mornings which improves during the day; in the upright position of the head, the frontal sinus gradually drains and clears itself. Thus it is distinct from the pain due to eyestrain, which is usually worse in the afternoons.

This type of headache also may be caused by the "tension syndrome," but, of course, the tension syndrome may be an element of vasomotor rhinitis.

Frontal sinuses

It is rare for infection to develop in the frontal sinuses, since they can drain themselves much better than the antrum in the cheek. If, however, frank infection does develop, antibiotic treatment is necessary. If the infection does not clear, drainage of the sinus must be done by operation.

This article deals with sinus trouble in general, its basis, and underlying rhinitis. To summarise — the trend is to conservative nasal treatment, rather than to big operations.

● Before discussing the topic of peptic ulcer, here is a little information about the normal stomach and its functions. After food is swallowed, it enters an organ with a volume approximately that of an average handbag; this organ is the stomach.

HERE the food is stored for one to two hours, and subsequently slowly passes into the small intestine, where it is completely digested, all the constituents needed by the body being absorbed. By digestion, we mean the breaking of the food into very small particles that can be absorbed.

The chief function of the stomach is to serve as a storage organ, thereby enabling one to eat and enjoy a large meal. The stomach secretes acid and pepsin, and these two constituents start the digestion of food.

The stomach is not essential for life except in so far as it is necessary for absorption of certain vitamins. If these vitamins are given by injection, patients who have had their stomach removed can lead a normal life. They find, however, their meals must be smaller.

Peptic ulcer

What is a peptic ulcer?

An ulcer is a break in the tissues that cover any body surface. The best examples are the abrasions that we all experience from time to time as a result of minor accidents. As everyone knows, these small ulcers may initially bleed but within a short period heal.

A peptic ulcer is one due not to injury but to the fact that the acid and pepsin in the stomach digest (or eat a hole in) the stomach wall. This is called a *gastric ulcer*. Often, too, an ulcer occurs in the small segment of intestine adjoining the stomach — the duodenum. Ulcers occurring there are called *duodenal ulcers*.

It is not known why the corrosive acid and pepsin, normally present in the stomach, digest the stomach or duodenal wall in some patients, though not in others. Some ulcer patients secrete a large volume of acid, but most secrete only the normal amount. (If the stomach secretes no acid, the person will not develop an ulcer.)

Ulcers that occur in the stomach and duodenum usually heal completely; as does the small ulcer or abrasion we see on our children's legs as a result of minor injuries when they play. These which heal rapidly are called *acute ulcers*.

Sometimes, however, the ulcer does not heal, as the acid and pepsin continue to irritate it. This is called a chronic ulcer. All ulcers due to the action of acid and pepsin, be they acute or chronic, gastric or duodenal, are collectively called peptic ulcers.

How frequent are peptic ulcers?

It has been found in studies done in London that from six to ten percent of people by the age of 55 years have had a peptic ulcer.

It also has been estimated that 50 percent of ulcer patients had minimal symptoms and disability; 25 percent had more severe symptoms, but with treatment led a fairly normal life; and 25 percent had severe symptoms or complications. These figures emphasise the importance of peptic ulcer as a national health problem.

Are some people more prone to develop ulcers?

Some people have the impression that certain persons are more prone to develop ulcers — namely the hard-working, intelligent, and worrying person who occupies a position of great responsibility.

Yet a group of London doctors, studying this problem, found that duodenal ulcers were equally distributed among rich and poor, industrious and lazy, intelligent and dull; the top executive and the unskilled laborer.

Gastric ulcers also occurred in all social and economic groups, but were slightly more common in unskilled and semi-skilled workers.

Symptoms of a peptic ulcer

1. The most common symptom of peptic ulcer is *abdominal pain*, situated high in the abdomen near the midline. The pain is worse half to three hours after meals, and often wakes the patient at night. Vomiting, food, and antacids all ease the pain.

A highly characteristic feature is the fact that ulcer pain may occur several times each day, for weeks or months, then without treatment disappear for months or years.

2. Less common symptoms of peptic ulcer are *nausea*, *vomiting*, and *weight loss*.

Sometimes during the course of the history of peptic ulcer certain complications occur. These include bleeding and perforation.

Perforation means that the ulcer penetrates the wall of the stomach, or duodenum, when the acid gastric contents flow over other abdominal organs; this causes sudden severe pain and vomiting.

Bleeding occurs when the ulcer has eroded a large vessel. The patient vomits blood or passes it via the bowel. Blood in the bowel will make the motions appear black (but black motions do not necessarily mean a bleeding ulcer, because certain drugs, such as iron and licorice, will give the motions a black color).

PEPTIC ULCER (cont.)

Diagnosis of ulcer

The diagnosis of ulcer is confirmed by X-ray examination, the patient drinking a white solution which outlines the stomach and shows the ulcer; this is called a *barium meal*.

The diagnosis is further confirmed, in the case of gastric ulcer, by gastroscopy, and by tests of gastric function. Gastroscopy involves swallowing a tube, by means of which the doctor can see into the patient's stomach and take photographs of the ulcer. Tests of gastric function involve swallowing a small tube through which the stomach contents are aspirated (withdrawn), and subsequently examined for acid, cells, and other constituents.

Patients often ask whether an ulcer can turn into a cancer. All doctors agree this never happens. Confusion arose in the past because some cancers were in error diagnosed as an ulcer; but with modern techniques this error does not occur.

How is an ulcer treated?

It is emphasised that there are many causes of abdominal pain, and in many cases the pain resembles that of peptic ulcer.

Nobody should be treated for an ulcer unless the ulcer has been proven to the patient's doctor's satisfaction. This requires at least a barium meal.

Once an ulcer is diagnosed, there are certain measures that should be carried out and certain practices avoided. These include:—

1. **Bed rest.** Every patient with an ulcer causing symptoms should have a period of bed rest; ideally, in hospital. This enables the ulcer to heal more readily.

This period is usually 4 weeks, but in some patients a longer period is required.

2. **Cessation of smoking.** Ulcer patients should not smoke, because smoking stimulates the stomach to secrete more acid. It has been shown that smoking markedly delays the healing of a peptic ulcer. Many leading overseas hospitals will not treat patients with peptic ulcer unless they are willing to stop smoking.

3. **Antacids.** These are a series of preparations that neutralise the acid in the stomach. If the acid is neutralised, the patient is freed of pain and the ulcer heals.

A large number of antacids are available; most contain magnesium oxide and calcium carbonate.

Such preparations have been prescribed by physicians since the beginning of the Christian era, early physicians prescribing crushed coral and powdered pearls.

To be effective, these preparations must be taken hourly, usually in teaspoonful doses, during the patient's waking hours.

Patients should realise that some, such as magnesium oxide, cause diarrhoea, while others, such as aluminium hydroxide gel, cause constipation. Consequently, it is usual to take two preparations, the proportion of each being regulated to maintain normal bowel function.

However, patients are strongly advised to take these preparations only under medical supervision. Many may cause serious and even fatal complications unless their use is supervised by the patient's doctor. Whenever they are taken, patients should double their intake of water. There are many tablet preparations with antacid properties, but almost without exception these are not effective.

4. **Atropine-like drugs.** These are a series of drugs that diminish body secretions, including secretion of acid by the stomach. One effect is to make the mouth dry; and many patients will have experi-

enced this sensation when receiving atropine for other reasons prior to an operation.

Several satisfactory preparations, now available, are taken half to one hour before each meal and immediately before retiring at night.

Each patient regulates the dose until some unwanted effect is present occasionally, during the day and on waking in the morning. Unwanted effects include dry mouth, blurred vision, and difficulty in passing urine.

To act during the eight hours while the patient sleeps, a long-acting preparation is essential. Such are at present available. Like antacids, these drugs should only be taken under medical supervision. Unless occasional unwanted effects are present, the dose taken is probably not adequate.

Patients who have had the eye disease glaucoma should not take this group of drugs.

5. **Diet.** In the past, great emphasis was placed on diet in treatment of peptic ulcer, and many patients are convinced that dieting has helped heal their ulcer. However, many trials which have been done have all shown that in patients on ulcer diet the ulcer heals no more rapidly than in patients on normal diet.

Consequently, doctors do not now advise special diets and give patients only commonsense advice on the subject. This advice includes an adequate intake of food, chewing it well, and avoiding highly seasoned things and foods that obviously upset the patient. In all modern hospitals, ward ulcer patients are given the same food as other patients in the ward.

With these measures it is relatively simple to heal any peptic ulcer. However, ulcers have a tendency to recur. If recurrence is only after intervals of several years, medical treatment is usually satisfactory.

But in some patients the ulcer rapidly recurs. Both patient and doctor then realise that repeated courses of medical treatment are unlikely to produce prolonged relief. In these patients surgery is advised.

At operation, the part of the stomach that secretes acid (where the ulcers commonly occur) is removed. In skilled surgical hands, this is a very satisfactory procedure, freeing the patient for ever from his troublesome ulcer.

Patients often find that for a period after the operation their meals must be smaller, because of the reduction in size of their stomach.

It has been estimated that 3.5 percent of all persons living to the age of 70 will have an operation for peptic ulcer.

What does the future hold for the ulcer patient?

Peptic ulcer is a common disease and its nature has long been recognised. Regarding it, three problems exist; first, the cause; secondly, the need for better methods of diagnosis; and thirdly, a cure.

Doctors regret that in an age where great technical advances have been made, such as we have witnessed in space travel, the cause and cure of such an obvious and common disease should still be essentially unknown.

However, with measures that neutralise the acid in the stomach (i.e., antacids), or reduce its secretion (atropine-like drugs), much can be done to help the sufferer.

It is hoped that within the next few years a cure as effective as the antibiotics in the treatment of infections will be found.

Meantime, the patient will persist with the intelligent use of present measures, and if these are not satisfactory he may have the ulcer removed by operation.

BY common usage, the term varicose veins has become widely used in relation to the legs, and it is in this location that the disease will be discussed.

Function of normal veins

It is the role of veins to carry blood back to the heart after it has passed through the arterial system and supplied oxygen to the tissues.

Once the blood arrives in the leg veins, it has to move vertically upwards. This is achieved by contraction of the powerful muscles of the leg, which squeeze the blood in the veins in the direction of the heart. This is known as the "muscle pump." A series of valves, along the vein, prevents blood from running back into the leg.

Basis of varicose veins

From this description it can be appreciated that sound leg musculature, normal vein walls, and normal valves are necessary if we are to have a normal venous system. A deficiency of any one of these three vital components of the system may lead to varicosities.

Varicose veins, one of the commonest diseases of the Western world, affect probably one in five women and one in 15 men over 45 years of age. The condition is rare in the African negro, but common in the American negro; the reason for this difference being blamed by many observers on diet.

Prolonged standing, without adequately contracting the muscles of the leg, may allow back pressure of blood, which will eventually destroy the valves, or weaken the vein walls, and so separate the valves.

Ultimately, it is failure of the valves that leads to varicosity.

Pressure on the veins in the pelvis may cause quite severe back pressure, which will have a similar effect to that described with muscle failure. Such pressure is common in pregnancy and it may

VARICOSE VEINS

● Veins that are dilated and tortuous are called varicose veins.

Such veins may occur in the arms, in the gullet, in the anal canal (where they are called haemorrhoids), or in the legs.

occur in the presence of large pelvic tumors.

Natural history of varicose veins

As a result of the continuing head of pressure of blood on the vein wall, varicosities become elongated and tortuous and produce an unsightly appearance of the leg. If the veins are untreated, the condition gradually progresses, and complications may arise which threaten the patient's general health.

SYMPTOMS

Some people are fortunate enough to have no symptoms at all.

The commonest complaint is that of heavy, aching, or tired legs, associated with excess fatigue by nightfall. In many women, the symptoms are accentuated at the time of their menstrual periods or during pregnancy. Other symptoms are usually associated with complications of the disease.

COMPLICATIONS

Perhaps the commonest complication of varicose veins is alteration of the overlying skin.

The skin may become slightly bruised in appearance wherever clothes rub on

the veins, and may even become deeply pigmented around the ankle. When the skin is so affected, it may become scaly and very irritable and develop into varicose eczema.

The dilated veins are frequently very thin-walled, and even a mild knock or other slight trauma may cause acute haemorrhage. Fortunately simple pressure and elevation is usually a sufficient manoeuvre to control the bleeding.

Clots may occur in the vein and cause severe pain, with thickening of the vein, which is usually visibly reddened along its whole length. Such inflammatory change in the superficial veins is unpleasant, but if it should spread to the deep veins of the leg there is risk of more serious complications.

With the advance of time, untreated varicose veins undermine the nutrition of the skin of the affected limb, and ulcers may develop. Varicose ulcers may cause serious physical disability and reduce the capacity of the patient to work.

TREATMENT

While varicose veins cannot always be prevented, it is likely that with care the severity of the disease can be reduced.

Physical exercise in childhood, combined with good nutrition, tends to pro-

duce a healthy individual with normal muscles. Children should not be overfed with farinaceous (floury) foods, which tend to make them obese and lazy and to weaken the "muscle pump" so vital to a normal circulation.

Those people who show early signs of varicose veins would do well to wear a supporting stocking, which will give assistance to the "muscle pump" and prevent blood from pooling in the legs. There are now available a number of very good, aesthetically acceptable supporting stockings for everyday use. Adequate physical exercise also should be taken.

During pregnancy a period of time each day with the legs elevated is of considerable assistance and should be accompanied by pumping action of the legs to improve venous return to the heart.

If clots (phlebitis, thrombosis) appear, early medical advice should be sought.

In fact, for varicosities of the legs, surgical treatment is probably the best therapy, and there are a number of satisfactory procedures available. The one most commonly used is tying and stripping the veins, although tying alone, or with injections, may be used. Competent, careful surgery improves the appearance of the involved limb, alleviates symptoms, and prevents complications.

It should be stressed, however, that even if an operation is done, although the patient is not likely to develop more varicosities, over a long period of time some new veins may appear and require treatment. To the writer's knowledge, no medication cures or prevents varicose veins.

In short, varicose veins are an unpleasant by-product of civilisation. Although adequate exercise and support may assist the early sufferer, the natural course of the disease is to proceed through various complications, and these are best prevented by early treatment.